United Nations DP/FPA/2018/10

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
4 July 2018

Original: English

Second regular session 2018
4-7 September 2018, New York
Item 6 of the provisional agenda
UNFPA – Structured funding dialogue

United Nations Population Fund

Report on contributions by Member States and others to UNFPA and revenue projections for 2018 and future years

Summary

The present report is prepared in response to Executive Board decisions 99/5 and 2000/9, which requested the Executive Director to provide annually updated estimates of regular and co-financing resources. In line with the UNFPA Strategic Plan, 2014-2017, and the UNFPA resource mobilization strategy (Executive Board decision 2016/18), the present report provides an overview of the overall resource situation of the Fund and continues to address the important goal of increasing regular resources and establishing a stable, predictable and diversified resource base.

In line with Executive Board decision 2017/25, this report also includes, in an addendum, information about structured funding dialogues and a proposal for improving future dialogues.

In 2017, UNFPA contribution revenue for regular and co-financing resources was $1,062 million, an increase of 27 per cent from 2016. The breakdown of this total revenue is $350 million in voluntary contributions to regular resources and $712 million to co-financing resources. Compared with 2016, the decrease in contribution revenue for regular resources in 2017 was $3 million, or 0.8 per cent, and the increase in contribution revenue for co-financing resources was $232 million, or 48 per cent.

In line with General Assembly resolution 71/243, UNFPA reaffirms that increasing financial contributions to the United Nations development system, particularly to regular resources, is key to fully integrating the agenda of the International Conference on Population and Development (ICPD) into national development strategies and frameworks, and to enabling countries to achieve the actions for the ICPD beyond 2014 and the 2030 Agenda for Sustainable Development. Contributions to regular resources continue to be the bedrock of the operational activities for development of the United Nations system. Furthermore, as underscored in General Assembly resolution 71/243 and in earlier resolutions, UNFPA recognizes that other resources (including co-financing) from a diversity of sources represent an important complement to its regular resources.

Elements of a decision

The Executive Board may wish to adopt a decision on UNFPA funding issues. Elements of a decision are contained in section V of the present report

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(Annexes 1 to 4 are available separately on the UNFPA website)

I. Introduction

1. The present report is prepared in response to Executive Board decisions 99/5 and 2000/9, requesting the Executive Director to provide annually updated estimates of regular and co-financing resources, as well as Executive Board decision 2016/18, requesting UNFPA to explore incentives and mechanisms encouraging donor countries and Member States in a position to do so to increase and prioritize regular resources contributions. The report aims to promote dialogue between UNFPA and its Executive Board on the overall resource situation of the Fund, while continuing to address the goal of increasing regular resources and achieving a stable, predictable and diversified resource base. United Nations General Assembly resolution 71/243 (2016) on the quadrennial comprehensive policy review (QCPR) of operational activities for development of the United Nations system (and earlier resolutions, including 62/208, 64/289 and 67/226) underscores that regular resources are the bedrock of operational activities, owing to their untied nature, and also expresses concern of the continuing, and accelerated, decline in the amount of regular contributions to the entities of the United Nations development system in recent years.

2. In response to the Executive Board decision 2016/18, the present report provides an analysis of the opportunities and challenges for funding the strategic plan, in line with the UNFPA resource mobilization strategy, and its drive to explore incentives, mechanisms and funding windows to broaden the donor base to encourage donors to increase and prioritize contributions to regular resources. It also includes proposed and projected strategic plan contribution revenue targets for 2018-2021.

3. The report contains tables on UNFPA regular and co-financing contributions, while additional data is provided in annexes available on the UNFPA website. The 2018 figures are estimates based on information received, as well as commitments and contributions recorded, as of 1 May 2018. It shows annual gross revenues, with amounts specified in agreements signed with donors that are recognized as revenue, in accordance with UNFPA accounting policies, regardless of the period of implementation and the payment schedule. These contributions exclude: (a) transfers to other revenue for reimbursement of tax charges; (b) refunds to donors; (c) interest income; and (d) indirect cost recovery.

II. Regular and co-financing resources

4. The resources needed to achieve the UNFPA Strategic Plan, 2014-2017 totalled $4,009 million,[1] comprising $1,644 million in regular resources and $2,365 million in co-financing resources. For 2014-2017, the total contribution revenue mobilized against the overall target was $3,869 million,[2] a shortfall of $140 million (3 per cent). Regular resources were subject to vulnerabilities, driven by economic and fiscal environments, and overall stagnation of official development assistance, and its increasing use to address the migration crisis in Europe, exchange rate volatilities, and growing trends towards earmarked funds.

5. For the strategic plan period (2014-2017), UNFPA had a solid donor base, with an average of 130 Government contributors per year. In 2017, the total number of donors was 132, compared with 123 donors in 2016.

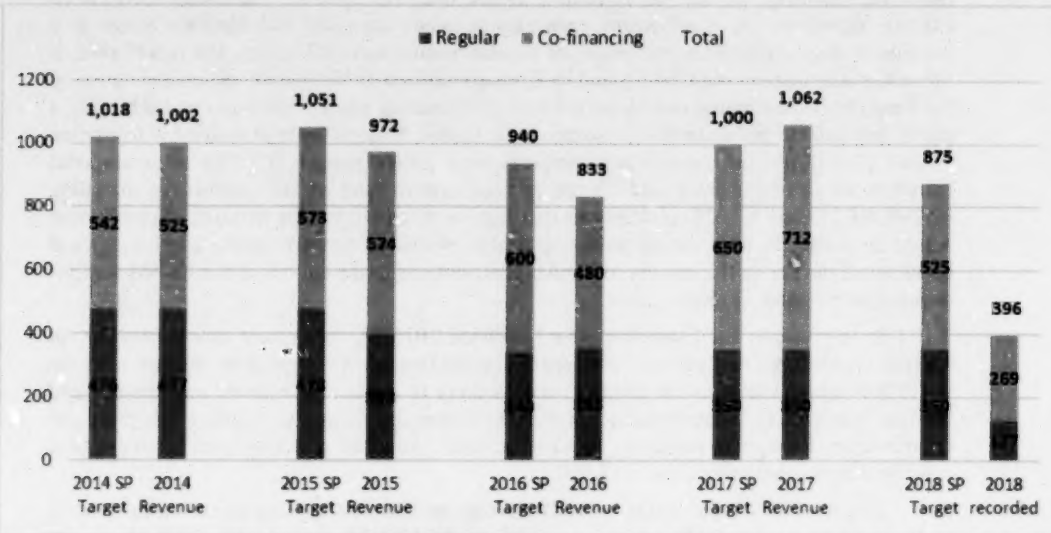
6. For 2018, the total contribution revenue projection is $875 million, comprising of $350 million for regular resources and $525 million for co-financing resources, in line with the strategic plan targets.

[1] The total strategic plan contribution targets, 2014-2017 of $4,009 million is based on revised targets for 2016 and 2017 following the midterm review in 2016 (DP/FPA/2016/3).

[2] The total contribution revenue of $3,869 million (2014-2017) is based on contributions only and excludes: (a) transfers to other revenue for reimbursement of tax charges; (b) refunds to donors; (c) interest income; and (d) indirect cost recovery.

Table 1.
UNFPA contribution revenue for 2014-2017 vs strategic plan contribution targets (as of 31 December 2017) and projection for 2018 (as of 1 May 2018)

(in millions of $)



Note: These contributions exclude: (a) transfers to other revenue for reimbursement of tax charges; (b) refunds to donors; (c) interest income; and (d) indirect cost recovery. The 2018 data includes projections, and is still subject to changes.

A. Contribution revenue overview of regular resources

7. Out of the total contribution revenue for regular resources for 2014-2017, 96 per cent of the overall core target was met. Notably, the actual contribution revenue for regular resources has substantially declined over the years, from $477 million in 2014 to $350 million in 2017, despite the growing demands for sexual and reproductive health services around the world. The UNFPA Strategic Plan, 2018-2021 calls for leaving no one behind, which requires mobilization of a minimum amount of regular resources – the bedrock of the Fund's operational activities – broadening strategic partnerships, increasing political support and maintaining flexibility in a challenging and evolving environment.

8. The $3 million decrease in contribution revenue ($350 million in 2017, down from $353 million in 2016) could have been significantly higher due to the decision of one of the organization's top donors to discontinue financial support to UNFPA core resources. However, intensified resource mobilization efforts, both for core and co-financing resources, succeeded in raising funds from a wide range of sources in 2017. Substantial additional contributions from donors to cover the gap in core resources, and the momentum generated by movements such as She Decides, the London Family Planning Summit, the African Union's focus on the demographic dividend, among others, helped bring greater attention to the sexual and reproductive health and reproductive rights of women, adolescents and girls and young people.

9. The UNFPA revenue in table 1 is supplemented by annex 1, which provides detailed information on the 2017 contribution revenue and actual commitments as well as best estimates of contributions for 2018 to UNFPA regular resources, based on data available, as of 1 May 2018. These contributions include the following: (a) contribution revenue for 2014-2017; (b) 2018 commitments received during the United Nations pledging conference held on 8 November 2017 in New York; and (c) written and verbal indications from Governments confirming support to UNFPA for 2018 and onwards.

Table 2.
Contributions to UNFPA regular resources, 2017-2018 [3]

(in millions of $)

2017				2018			
Donors		**Currency Used**	**USD**	**Donors**		**Currency Used**	**USD**
Sweden	SEK	575	64	Sweden	SEK	616	71
Norway	NOK	423	51	Norway	NOK	500	64
Denmark	DKK	272	43	Netherlands (the)	EUR	33	40
Netherlands	EUR	35	37	Denmark	DKK	225	37
United Kingdom of Great Britain and Northern Ireland	GBP	20	26	Germany	EUR	22	27
				Finland	EUR		20
Germany	EUR	22	25	United Kingdom of Great Britain and Northern Ireland	GBP	14	19
Finland	USD		20				
Japan	USD		18	Japan	USD		18
Switzerland	CHF	16	16	Switzerland	CHF	16	16
Canada	CAD	16	12	Canada	CAD	16	12
Others			38	Others			38
Total			**350**	**Total**			**362**

Note: These contributions exclude: (a) transfers to other revenue for reimbursement of tax charges; and, (b) interest income. The 2018 data includes projections and is still subject to change. Only $127 million of the $362 million projected for 2018 was recorded as of 1 May 2018.

10. In 2017, the overall number of donors to core resources increased to 120, compared to 107 donors in 2016. Donor Governments that contribute to regular resources may also contribute to co-financing resources. Seven countries belonging to the Development Assistance Committee of the Organisation of Economic Co-operation and Development (OECD-DAC) (Belgium, Denmark, Luxembourg, Norway, Sweden, Republic of Korea and Slovakia); 11 programme countries (Bangladesh, Bolivia [Plurinational State of], Guinea-Bissau, India, Iran [Islamic Republic of], Lesotho, Mauritania, Mongolia, the Philippines, South Africa, and Togo); and one non-OECD-DAC country (Israel) increased contributions to regular resources in 2017; 26 Member States made new commitments in 2017 (but had not in 2016). The increases were recorded in the actual commitment in which they were received and paid.

11. UNFPA will continue to advocate for increases to regular contributions from OECD-DAC members and other donors, including programme countries, and intensify efforts towards the private sector, private foundations, philanthropic institutions, and the general public in selected countries. In 2017, OECD-DAC donors contributed 99 per cent of total revenue to regular resources. Out of the $362 million contribution revenue projected for regular resources, only $127 million of official commitments towards 2018 regular resources had been received as of 1 May 2018.

[3] This table is a comparative table of 2017 recorded revenue (as of 31 December 2017) and projected contribution revenue for 2018 (as of 1 May 2018).

12. In line with Executive Board decision 2016/18, UNFPA continued to invigorate 'the case for core', through elaboration of a document entitled "What does core (regular) resources pay for?", in order to demonstrate the unique value and impact of UNFPA actions funded through regular resources. In 2017, UNFPA also launched a 150-donor campaign to expand the donor base for regular resources. Concerted efforts of country, regional, and headquarters personnel in engaging host Governments and counterparts and communicating the critical importance of regular resources resulted in the increase of commitments from Member States and territories.

B. Contribution revenue overview of co-financing resources

Overview of co-financing contributions

13. The total co-financing contribution revenue for 2017 was $712 million. This represents an increase of 48 per cent over the $480 million contribution revenue for 2016. Co-financing revenue increased in 2017 (over 2016 levels) notably in the following areas: UNFPA Supplies (60 per cent); Maternal Health Thematic Fund (392 per cent); Thematic Fund on the Campaign to End Fistula (19 per cent); and emergencies and humanitarian assistance (7 per cent). There were significant increases in contribution revenue for United Nations inter-organizational transfers (15 per cent); programme countries contributing to their own country programmes (160 per cent); the European Commission (158 per cent); and the private sector (75 per cent).

Table 3.
Contributions to UNFPA co-financing resources, 2016-2017

(*in millions of $*)

Donors	2016	Donors	2017
United Kingdom of Great Britain and Northern Ireland	116	United Kingdom of Great Britain and Northern Ireland	140
United Nations and Inter-organizational transfer	109	United Nations and Inter-organizational transfers*	125
Canada	42	European Commission	61
United States of America	33	Sweden	53
European Commission	24	Denmark	46
Sweden	18	Netherlands	44
Japan	17	Guatemala	41
Switzerland	16	Canada	34
Australia	11	Norway	17
Belgium	11	Republic of Korea	17
Others	83	Others	134
	480		**712**

Note: These contributions exclude: (a) refunds to donors; (b) interest income; and (c) indirect cost recovery. The 2018 data includes projections and is still subject to change.

* Includes all funds received from joint funding mechanisms (joint programmes and multi-donor trust funds) as well as bilateral transfers from the United Nations organizations).

14. Notably, a range of countries increased contributions to co-financing resources in 2017: 13 OECD-DAC member countries (Australia, Czech Republic, Denmark, France, Germany, Italy, Luxembourg, the Netherlands, Norway, Poland, Spain, Sweden, and the United Kingdom); 9 programme countries (Algeria, Brazil, Guatemala, Indonesia, Mexico, Nigeria, Paraguay, Tajikistan, and Uruguay); and 3 non-OECD-country (Estonia, Liechtenstein and Poland). Five OECD-DAC (New Zealand, Qatar, Republic of Korea, Portugal and Slovenia) and 6 other Member States (Cameroon, Costa Rica, Haiti, Honduras, Kazakhstan, and Russian Federation) made substantial new commitments in 2017 (but had not in 2016).

Co-financing contributions from United Nations inter-organizational transfers

15. Nearly a fifth of the total 2017 co-financing contribution revenue of $712 million, namely $125.4 million (17.6 per cent), came through United Nations inter-organizational transfers (see table 3), comprising agency-to-agency transfers and funds received as a participant in pooled inter-agency funding mechanisms. Significantly, UNFPA has achieved the required percentage to allocate at least 15 per cent of non-core resources to joint activities, in line with the Secretary General's report on repositioning the United Nations development system to deliver on the 2030 Agenda. This 2017 revenue received from United Nations entities represents an increase of $16 million over 2016 ($109 million). Also, this successful inter-agency collaboration continues to be a priority for donors, particularly for United Nations organizations working together globally.

16. Under the total revenue from United Nations inter-organizational transfers, $38.6 million were received through bilateral agreements and $65.7 million for implementation under multi-donor trust funds and joint programmes, including $21 million from the Central Emergency Response Fund, representing the continued significance of the UNFPA role in United Nations humanitarian and emergency responses.

17. In 2017 and 2018, UNFPA continued to play an active role in inter-agency funding and related platforms, through representation in the United Nations Development Group (UNDG) Strategic Financing Results Group and other fora involved in oversight, coordination, data generation and implementation of pooled financing mechanisms. UNFPA received, through inter-organizational transfers, $41.9 million from multi-donor trust funds and joint programmes for which it acted as administrative agent. These are funds held in trust on behalf of all participating United Nations entities, while UNFPA records as revenue only the portion of the contributions distributed to UNFPA for implementation (see annex 2 for a donor breakdown of the amount received in 2017 for joint programmes and multi-donor trust funds in which UNFPA acted as administrative agent).

18. UNFPA continues to build strong joint programmatic and financing portfolios with a broad range of United Nations entities for result areas that benefit from inter-agency synergies. As a modality that facilitates not only joined-up delivery, but also flexible and predictable contributions from donors, pooled and other inter-agency funding mechanisms play a complementary role to regular contributions and agency-specific thematic funds in the UNFPA funding architecture.

19. Prominent examples of joint action and pooled funding mechanisms to facilitate scaled up progress are: (a) the UNFPA-administered UNFPA-UNICEF Joint Programme to End Female Genital Mutilation (since 2008); and (b) the Global Programme on Essential Services for Women and Girl Victims of Gender-Based Violence. In 2017, UNFPA also joined as a founding partner, with UN-Women and UNDP, the United Nations-European Union Spotlight Initiative to Eliminate Violence against Women and Girls. UNFPA also serves as the initial Board Chair for the Joint Fund for the 2030 Agenda.

Co-financing contributions from programme country Governments

20. Co-financing contributions from programme country Governments in support of their country programmes continue to form a sizable part of revenue. In 2017, agreements were signed for $60.7 million from 20 programme countries, compared to $23.3 million from 25 countries in 2016, an increase of $37.5 million (table 4). According to OECD, recent economic trends show that public domestic finance in many developing countries has grown rapidly in the past five years, driven by the record rate of graduation of many of these economies to middle-income countries. UNFPA continues to intensify its partnerships, particularly with international financial institutions to support programme countries. In 2017, $14.4 million (24 per cent) of the contribution revenue of $60.7 million originated from loans and grants from international financial institutions. The increase in 2017 was due in large part to the census projects in Guatemala and Haiti, which constituted about 79 per cent of the total co-financing revenue for programme countries.

21. In 2017, the 10 largest commitments were from: Guatemala ($40.7 million); Haiti ($8 million); Paraguay ($2.9 million); Indonesia ($2.6 million); Nigeria ($1.8 million); Chad ($1.4 million); Brazil ($1.3 million); Uruguay ($0.8 million); Honduras ($0.6 million); and Moldova ($0.4 million). Some countries also made commitments in 2017 in support of their country programmes: Algeria, Botswana, Cameroon, Costa Rica, Democratic Republic of Congo, Kazakhstan, Lebanon, Malaysia, Mexico, and Tajikistan. Co-financing contributions from these programme country Governments include funding as part of grants or loans originating from international financial institutions (including multilateral development banks), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and from different private-sector entities – through a range of bilateral and multi-partner modalities at country level. Details on such contributions are presented in annex 3. In line with the Addis Ababa Action Agenda and the Sustainable Development Goals, UNFPA calls on Governments to increase domestic resource allocation, including their co-financing contributions, as an important supplement to the UNFPA regular resources base.

Table 4.
Programme countries contributing to their own country programmes

(in millions of $)

Donors	2016	Donors	2017
El Salvador	8.0	Guatemala	40.7
Dem Rep Congo	2.5	Haiti	8.0
Liberia	3.3	Paraguay	2.9
Guatemala	2.6	Indonesia	2.6
Nigeria	1.3	Nigeria	1.8
Congo	1.0	Chad	1.4
Indonesia	0.5	Brazil	1.3
Colombia	0.5	Uruguay	0.8
Brazil	0.7	Honduras	0.6
Uruguay	0.5	Moldova	0.4
Others	2.4	Others	0.2
Total	**23.3**	**Total**	**60.7**

Note: See annex 3 for more details.

European Commission

22. In 2017, co-financing contributions received from the European Commission totalled $61.5 million, compared to $23.8 million in 2016. The European Commission increasingly regards UNFPA as a trustworthy and effective partner for humanitarian assistance: activities focused on supporting national reproductive health and gender-based violence programmes, census projects and other population surveys, as well as humanitarian interventions, mainly within the context of the crises in Syria and Iraq. UNFPA is involved in two new contribution agreements with the European Commission Directorate-General for Migration and Home Affairs and the Directorate-General for Neighbourhood and Enlargement Negotiations. These agreements concern the promotion and protection of human rights in Armenia (with UNDP and UNICEF) and the protection of and durable solutions for refugees and asylum seekers through the improved collection and maintenance of national data in Ethiopia (with UNICEF and the United Nations High Commissioner for Refugees, in coordination with the Dutch Ministry for Foreign Affairs). Six new contribution agreements were signed with the European Commission Directorate-General for European Civil Protection and Humanitarian Aid Operations, primarily in support of comprehensive reproductive health and gender-based violence interventions for Syrian refugees in Egypt, Jordan and Turkey, internally displaced populations in Syria and Iraq, and provision of integrated mental health and obstetric care for women in Libya.

C. Thematic funding

23. The three UNFPA thematic trust funds are internally pooled donor funds aimed at supporting the achievement of results in the framework of the UNFPA strategic plan. They support approved programmes in the areas of UNFPA work in priority countries and reinforce a coherent approach to align with national plans and budgets. The predictability of resources in the thematic funds creates a unique opportunity to catalyse and scale up programming to help meet unmet needs. UNFPA has established three thematic funds for: (a) family planning commodities and technical support (UNFPA Supplies); (b) maternal health; and (c) obstetric fistula (programmatically integrated in the Maternal Health Thematic Fund). Together with its partners, UNFPA is engaged in outreach efforts to strengthen contributions to these funds, in accordance with the QCPR and the UNFPA resource mobilization strategy. In 2018, UNFPA will launch a new thematic fund for humanitarian action.

UNFPA Supplies

24. UNFPA Supplies continued to be a key vehicle to implement the organization's family planning strategy and achieve the Family Planning 2020 goal. UNFPA Supplies is the only United Nations programme dedicated to family planning and is the world's largest provider of donated contraceptives.

Table 5.
Co-financing contribution revenue for UNFPA Supplies, 2016-2017, as of 31 December 2017

(in millions of $)

Donors	2016	Donors	2017
United Kingdom	66.61	United Kingdom	61.61
Bill and Melinda Gates Foundation	4.00	Denmark	18.42
European Commission	3.18	European Commission	18.05
Australia	1.90	Canada	7.70
Crown Agent Limited	1.15	Netherlands	5.81
Luxembourg	0.43	UN Inter-organizational transfers	4.23
Spain	0.21	Australia	2.61
Friends of UNFPA	0.10	Belgium	2.36
Portugal	0.05	France	1.07
Liechtenstein	0.01	Luxembourg	0.86
		Ireland	0.59
		Crown Agents Limited	0.45
		Friends of UNFPA	0.36
		Spain	0.12
		Liechtenstein	0.02
		Slovenia	0.006
	77.66		**124.26**

Note: Totals are rounded off.

25. In 2017, UNFPA Supplies provided technical assistance and modern contraceptives sufficient to support couples, women and young people in more than 46 low-income countries that have high maternal mortality and unmet need for family planning. These contraceptives had the potential to avert an estimated 6.5 million unintended pregnancies; 15,000 maternal deaths; 97,000 child deaths; and 1.9 million unsafe abortions.

26. Since it was established in 2007, UNFPA Supplies has received support from a diverse and wide range of donors: Australia, Belgium, Canada, Denmark, Finland, France, Ireland, Liechtenstein, Luxembourg, the Netherlands, Norway, Portugal, Slovenia, Spain, Sweden and the United Kingdom, as well as Spain-Catalonia, the European Commission, the Bill and Melinda Gates Foundation, the Children's Investment Fund Foundation, the Winslow Foundation, TreeHouse Investments and other private contributions (including online donations).

27. Support to countries for technical assistance accounted for approximately 30 per cent of UNFPA Supplies programme expenses. Thanks to this investment, supply chains are stronger, more countries are using computerized logistics management information systems, and more health workers are promoting and delivering high-quality family-planning services. Since 2012, through voluntary family planning programmes, countries supported by UNFPA Supplies have been able to increase the number of women and adolescent girls using modern contraception by 17.9 million.

28. UNFPA Supplies has a key role in UNFPA response to protect the reproductive health of communities in crisis. In 2017, UNFPA Supplies provided emergency reproductive health kits – containing equipment, contraceptives and other lifesaving medical supplies to support the reproductive health of populations in crises – to support humanitarian responses in over a dozen countries. The contraceptives in these kits are estimated to have prevented 15,500 unintended pregnancies among women and adolescent girls already facing perilous conditions.

29. On 11 July 2017, UNFPA co-hosted (together with the United Kingdom and the Bill and Melinda Gates Foundation) the Family Planning Summit in London, which renewed and strengthened commitments towards the goal of ensuring access to contraceptives for 120 million additional women and adolescent girls by 2020. UNFPA Supplies played a key role in supporting 33 strengthened national commitments as well as three new commitments from the Family Planning 2020 focus countries, including $3.8 billion in funding for family planning – this marks a growing commitment by countries to fund their own programmes.

30. The financial outlook of UNFPA Supplies improved significantly in 2017 due to larger donor contributions, which increased from $77.7 million in 2016 to $124.3 million in 2017 (table 5). UNFPA Supplies also saw an increase in the number of donors in 2017, with 18 donors providing financial support. Many of the commitments were multi-year agreements, which positively impact the budget projections for 2018 and 2019. It is vital that UNFPA Supplies is sustainably financed to be able to support focus countries with growing populations in achieving their Family Planning 2020 commitments and in humanitarian response. UNFPA Supplies still faces a funding gap of $700 million for 2018-2021. If fully funded for this period, it is estimated that UNFPA Supplies would be able to support countries in preventing 72 million unintended pregnancies and averting 23 million unsafe abortions, 205,000 maternal deaths, and 1.3 million child deaths.

31. UNFPA Supplies is focusing its resource mobilization efforts in 2018 on continuing to fill the $700 million funding gap for 2018-2021, with an eye toward the long-term financial sustainability through 2030. Current resource mobilization priorities include: honing its investment case language; strengthening strategic engagement with donors who are best positioned to significantly decrease the current funding gap; expanding the funding base; and continuing to communicate with like-minded initiatives who are also seeking new funding (e.g., the Global Financing Facility), in order to complement one another's efforts.

32. The United Kingdom and the Bill and Melinda Gates Foundation partnered with UNFPA in 2017 to address the long-standing challenge of providing countries with the reproductive health commodities they need as quickly and efficiently as possible – through the creation of a bridge funding mechanism for UNFPA Supplies. The bridge funding mechanism will have up to $61 million in a reserve fund to improve procurement efficiencies due to the staggered receipt of donor funding.

Maternal Health Thematic Fund

33. The Maternal Health Thematic Fund (MHTF) supports Sustainable Development Goal 3 on health and well-being, focusing on reducing maternal and newborn deaths, and on improving universal access to sexual and reproductive health services; and Goal 5 on gender equality and empowerment of women and girls. MHTF focuses on four critical areas of intervention: (a) emergency obstetric and newborn care; (b) human resource for health, particularly through the midwifery programme; (c) maternal death surveillance and response system; and (d) prevention and treatment of obstetric fistula and social integration of survivors. MHTF supports 39 countries in implementing maternal health programmes, tracking results, to improve data in countries by setting up national plans on maternal and perinatal deaths surveillance and response.

Table 6.
Co-financing contribution revenue for the Maternal Health Thematic Fund (2016-2017), as of 31 December 2017

(*in millions of $*)

Donors	2016	Donors	2017
Luxembourg	1.52	Sweden	3.78
Austria	0.05	Germany	2.25
GE Healthcare	0.03	Luxembourg	1.70
		Friends for UNFPA	0.08
		GE Healthcare	0.03
Total	**1.59**	**Total**	**7.84**

Note: Totals are rounded off.

34. As women and newborns are at high risk of death and morbidity during labour, childbirth, and the first week after birth, investing in improved access to and quality of care, especially emergency obstetric and newborn care, is essential. MHTF contributed to improving availability, access and quality of care through the design of national networks of emergency obstetric and newborn care facilities using a geographic information system and supported ministries of health by monitoring the results of interventions, to ensure the quality and functioning of health facilities and improving monitoring of national health information systems in six countries (Benin, Burundi, Guinea, Madagascar, Senegal, and Togo). MHTF is also providing critical maternal and newborn health services in conflict, post-conflict and humanitarian settings – in Afghanistan, Bangladesh, Chad, Haiti, Liberia, Sierra Leone, Somalia, South Sudan, and Sudan.

35. As of 2017, more than 550 midwifery schools have received support from the Maternal Health Thematic Fund, and more than 90 per cent of MHTF countries now have their training curriculum aligned to global International Confederation of Midwives/World Health Organization (WHO) competency standards. The Maternal Health Trust Fund has supported education and training of over 82,000 midwives since 2009, with around 15,000 midwives receiving pre-service education and in-service training in 2017 alone.

36. The Maternal Health Trust Fund supports 39 countries in establishing maternal death surveillance response systems towards enhancing accountability and quality of care mechanisms. As of 2017, 34 countries now have mandatory maternal death notification systems; 30 countries have functional national review committees and 36 countries have national guidelines and tools adapted from WHO recommendations.

37. Contribution revenue mobilized in 2016 and 2017 totalled $1.6 million and $7.8 million, respectively (table 6). The Government of Sweden is the largest donor for the Maternal Health and Trust Fund through the years.

38. The last year of the implementation phase was 2017, as the programme develops the third phase (2018-2022), with a new design assessing evaluation findings, lessons learned and alignment to the Strategic Plan, 2018-2021. The third phase will support 35 countries with the highest burden of maternal mortality and morbidity to operationalize the 2030 Agenda, supporting women and adolescent girls across the lifespan and along the continuum of sexual and reproductive health and reproductive rights. UNFPA is in discussion with current and prospective supporters of MHTF to broaden the donor base and ensure that MHTF has the necessary resources to fulfil its mission.

Campaign to End Fistula

39. The Campaign to End Fistula is a global initiative, led and coordinated by UNFPA, which contributes to reaching the Sustainable Development Goals 1, 3, 4, 5, 10 and 17. In 2017, the Campaign to End Fistula was honoured and recognized across the United Nations system, receiving the Women's Empowerment Award of the United Nations Federal Credit Union in appreciation for the global leadership of the Campaign, its transformative impact on reducing inequalities and for action for a new global agenda grounded in the principles of rights, inclusiveness, and equality. Nearly 95,000 fistula repair surgeries have been supported by UNFPA since the 2003 launch of the campaign (with over 9,000 surgeries supported in 2017 alone) – restoring their health and hope, enabling countless women and girls to reclaim their dignity.

Table 7.

Co-financing contribution revenue for the Campaign to End Fistula (2016-2017), as of 31 December 2017

(in millions of $)

Donors	2016	Donors	2017
Luxembourg	0.24	Luxembourg	0.32
Iceland	0.10	Poland	0.10
Poland	0.03	Friends of UNFPA	0.02
Total	**0.37**	**Total**	**0.44**

Note: Totals are rounded off.

40. In 2017, UNFPA used its leadership of the Campaign to mobilize partners to jointly publish a call for a new global strategy to end fistula within a generation. Also, for the first time, it enabled a fistula survivor to give testimony at a high-level side event hosted by UNFPA at the United Nations General Assembly. In support of Governments in high-burden countries, the Campaign strengthened national capacities to develop, implement and monitor evidence-based strategies for ending obstetric fistula, including creation of enabling environments and strengthening of health systems to prevent and repair obstetric fistula and rehabilitate survivors. By 2017, 81 per cent of MHTF-supported countries had established national taskforces to oversee, coordinate and monitor the implementation of strategies to eliminate obstetric fistula; 23 MHTF-supported countries had developed time-bound national strategies to eliminate obstetric fistula. In 2017, the innovative global obstetric fistula electronic registry was initiated in five countries (Bangladesh, Cameroon, Madagascar, Malawi, and Nepal) to strengthen availability of real-time data on obstetric fistula and enable tracking of survivors' access to care, health outcomes and well-being.

41. While the majority of funding for the Campaign to End Fistula comes from the Maternal Health Trust Fund, total contribution revenue mobilized in 2016 and 2017 amounted to $0.37 million, and $0.44 million, respectively (table 7).

D. Contributions to UNFPA for emergency preparedness and humanitarian response

42. In 2017, UNFPA humanitarian action reached 16 million people with sexual and reproductive health and gender-based violence services in 58 countries. This included supporting 880 mobile health clinics and 2,280 health facilities to provide emergency obstetric care; establishing 725 safe spaces for women and girls; distributing 800,000 dignity kits; providing critical services to more than 375,000 gender-based violence survivors; and training over 4,000 personnel in Minimum Initial Service Package for reproductive health. In addition to providing life-saving assistance, UNFPA assumed in 2017 the leadership of the gender-based violence sub-cluster to coordinate global efforts to prevent and respond to gender-based violence in humanitarian settings.

43. UNFPA humanitarian funding increased from $154.8 million in 2016 to $165.4 million in 2017, a 7 per cent increase. This represents 23 per cent of the total co-financing contributions recorded in 2017 (32 per cent in 2016). In 2017, UNFPA also received in-kind support valued at $112,500 from Baby Box Company, to respond to humanitarian emergencies in Haiti; and received in-kind services valued at approximately $1.2 million from three non-governmental organizations (Danish Refugee Council, Norwegian Refugee Council and RedR Australia) through deployment of 17 personnel to 20 UNFPA country offices responding to humanitarian emergencies. This is an increase from $0.7 million in-kind support when compared to $522,244 received in 2016 to support 12 country offices in 2016.

44. United Nations joint humanitarian funding modalities, such as the Central Emergency Response Fund (CERF) and country-based pooled funds, are critical for implementing UNFPA humanitarian response, with a total funding received through the United Nations Office for the Coordination of Humanitarian Affairs of $33.3 million in 2017 ($21 million from CERF) and $35 million in 2016 ($23.1 from CERF). Other humanitarian donors in 2017 included the European Commission ($42.1 million); Canada ($25.2 million); Japan ($9.1 million); Norway ($7.1 million); United States ($5.7 million); United Kingdom ($5.4 million); Denmark ($5.3 million); Sweden ($5.1 million); Republic of Korea ($3 million); Finland ($3 million); Netherlands ($2.8 million); and Australia ($2.8 million). In addition, UNFPA mobilized $2.7 million from Friends of UNFPA.

45. The UNFPA Emergency Fund is an internal funding mechanism financed from regular resources that allows country offices to kick-start a humanitarian response. In 2017, about 4 million people, through services from 41 UNFPA country offices and 3 regional offices, benefitted from allocations from the Emergency Fund and other resources contributions to UNFPA global humanitarian response. Canada and Norway made investments directly to the global humanitarian response, totalling $2.9 million beyond the $5 million allocation made from core resources to the Emergency Fund.

E. Contributions from the private sector

46. In 2017, the effort to engage and build new partnerships with non-traditional partners and stakeholders has further been consolidated. The UNFPA Strategic Partnerships Framework 2018-2021 has been adopted; it is fully aligned with the UNFPA Strategic Plan, 2018-2021, enacting strategic partnerships as a key mode of engagement to achieve the three transformative results UNFPA has committed to focus on: (a) end preventable maternal deaths; (b) end the unmet need for family planning; and (c) end gender-based violence and harmful practices, including child marriage.

47. Through its partnerships, UNFPA mobilized funding and in-kind contributions valued at $23.1 million from the private sector in 2017 – a 68 per cent increase over 2016. In 2017, UNFPA also finalized 91 partnerships with 59 partners (73 partnerships with 53 partners in 2016). These partnerships have helped strengthen the profile of UNFPA, fund UNFPA programmes more effectively, and support innovative and creative solutions or advocate for the rights and health of women and adolescents.

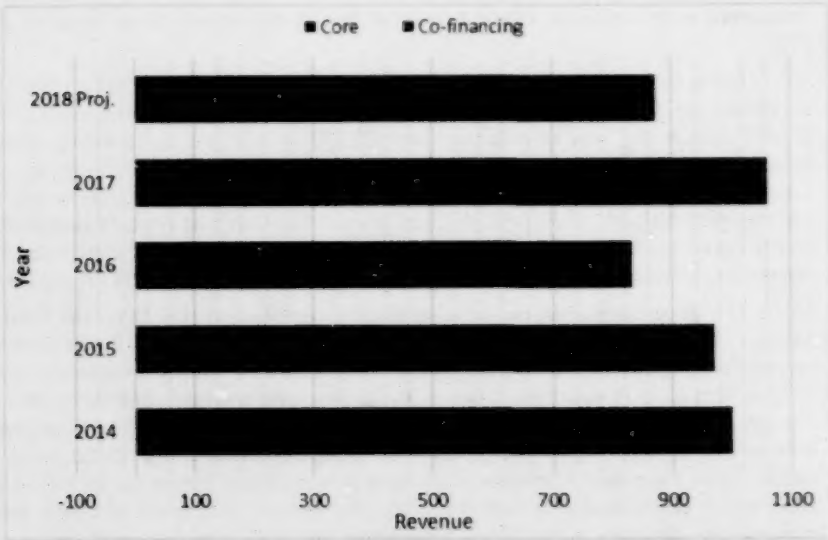
48. UNFPA strengthened the relationship and enhanced the resources it received from key partners in a number of ways. A new partnership was initiated with the Bill and Melinda Gates Foundation, the Government of the United Kingdom, Flowminder, Oak Ridge and the Center for International Earth Science Information Network for the use of geospatial data in censuses. In 2017, UNFPA and Johnson and Johnson further extended their long-term collaboration to strengthen midwifery services in Haiti and Liberia. Increased outreach to academia has led to new innovative 'reach' and 'brain power' partnerships, including with the Consortium of Universities for Global Health and the Parsons School of Design.

49. Partnerships have been further strengthened at country and regional levels through the continuous support and joint work with the regional and country offices. These include partnering against gender-based violence with sports clubs in Belarus and Ukraine; a sexual and reproductive health workplace programme supported by Merck for Mothers and the United Nations Foundation in the Philippines; a joint partnership between Baby Box and Johnson and Johnson in response to humanitarian relief efforts in Haiti; a partnership with the Social Development Center (Nama) in Qatar on achieving the Sustainable Development goals in the Arab States region; a partnership with the United Nations Federal Credit Union Foundation to strengthen fistula care in Nigeria, as well as a visibility partnership with the Graça Machel Trust in Kenya.

50. UNFPA organized knowledge sharing sessions, as well as a series of workshops and conferences with national parliaments around the world, to integrate reproductive health into national strategies and programmes. It aided parliaments in Egypt, Jordan and Lebanon to adopt path-breaking legislation that will help to protect millions of women and adolescent girls from harmful practices and tightens regulations around the prosecution of rapists. Jointly with the African Union, the European Union, the Pan African Parliament, and the European Parliamentary Forum, UNFPA championed activities and interventions aimed at ensuring that appropriate laws are adopted and enforced, funds are allocated, governmental institutions are accountable, and communities are aware of gender inequality and harmful practices and advocated for sexual and reproductive health and reproductive rights for all.

Table 8.

Percentage distribution of regular and co-financing contributions to total contribution, 2014-2017



Note: Data for 2018 is a projection and still subject to change.

51. UNFPA has received a higher proportion of co-financing than regular resources contributions to total contributions: 52 per cent (2014), 59 per cent (2015), 58 per cent (2016) and 67 per cent (2017), and a projected 60 per cent for 2018. Nevertheless, UNFPA continues to strive to minimize highly earmarked funds and maintain a reasonable balance between regular and co-financing resources. A number of these resources were received as short-term commitments of one or two years; this complicates efforts to maintain the robust institutional framework needed to support its mandate, especially when faced with decreasing regular resources. It is to be noted that the number of co-financing agreements have increased, from 341 agreements in 2016 to 356 agreements in 2017.

52. In 2017, the UNFPA Non-Core Funds Management Unit coordinated and provided strategic guidance to all relevant UNFPA units for the management of the large global non-core funding streams in order to further increase synergies among the non-core funding streams and core resources in support of the UNFPA mandate. The application of the non-core funds policy for the management of funding allocation methods and other elements of the policy led to an improved process in the timely disbursement of funds (which improved by 45 days for UNFPA Supplies within one year), and to a higher implementation rate of non-core funds.

53. The unit issues monthly monitoring reports of the financial implementation rate of UNFPA humanitarian funds. This continuous monitoring has contributed to a 45 per cent improvement in implementation rates (compared to the February 2016 baseline), one of the key reasons for the increased contributions UNFPA received from CERF in 2017.

F. UNFPA strategic plan targets 2018-2021

54. The strategic plan contribution targets for 2018-2021, as presented at the second regular session of the Executive Board in September 2017, were projected at $3,400 million, including $1,400 million in regular resources and $2,000 million in co-financing resources. The estimated total revenue is based on donor engagement, early indications from donors, analysis of the financing environment and potential sources of funds, including official development assistance and contribution trends. UNFPA funding targets remain ambitious; however, from a fiduciary perspective, the budget remains prudent, given the experience of the previous strategic plan cycle, 2014-2017. Within the 2030 Agenda, the Fund's position, with its donors, partners and the United Nations development system, remains strong, reflecting continued trust and confidence of donors in the UNFPA mandate and strong support of the Strategic Plan, 2018-2021.

55. Given the opportunity to review the income scenario for 2018-2021, UNFPA proposes to revise the strategic plan contribution targets to an overall total of $3,500 million ($1,400 million for regular resources and $2,100 million for co-financing resources), an increase of $100 million (2.9 percent for the four-year period), or $25 million per year, for co-financing resources. Any additional resources mobilized above these targets would be used for the improved delivery of UNFPA programmes and to support the resident coordinator system. Due to the repositioning of the United Nations development system the anticipated doubling of current levels under the UNDG cost-sharing arrangement will affect UNFPA regular resources.

56. This proposed increased for co-financing contribution targets results from extensive analysis of contribution trends: UNFPA has a solid picture of the 2017 contribution revenue results, reaching $1,062 million in contribution revenue ($350 million for regular resources an $712 million for co-financing resources), the highest-ever revenue achieved by the Fund. With this outcome, 97 per cent of the overall co-financing strategic plan contribution targets of $2,365 million for 2014-2017 was met ($2,291 million), representing the co-financing resources mobilized for the previous strategic plan cycle. It is projected that increases will be from these areas which demonstrated sustained growth: multi-donor trust funds and joint programmes, strategic private-sector partnerships, programme countries contributing to their own country programmes, and contributions from the European Commission.

57. Based on these results, increasing the targets for co-financing resources by $25 million per year, while is still a cautious increase, reflects the confidence, dedication and commitment of UNFPA at all levels to build effective strategic partnerships, institutionalize focused target setting, optimize funding opportunities, including innovative financing mechanisms to raise adequate and sustainable resources, and continue a dialogue on options that will enhance the quality of contributions to finance UNFPA support to programme countries .

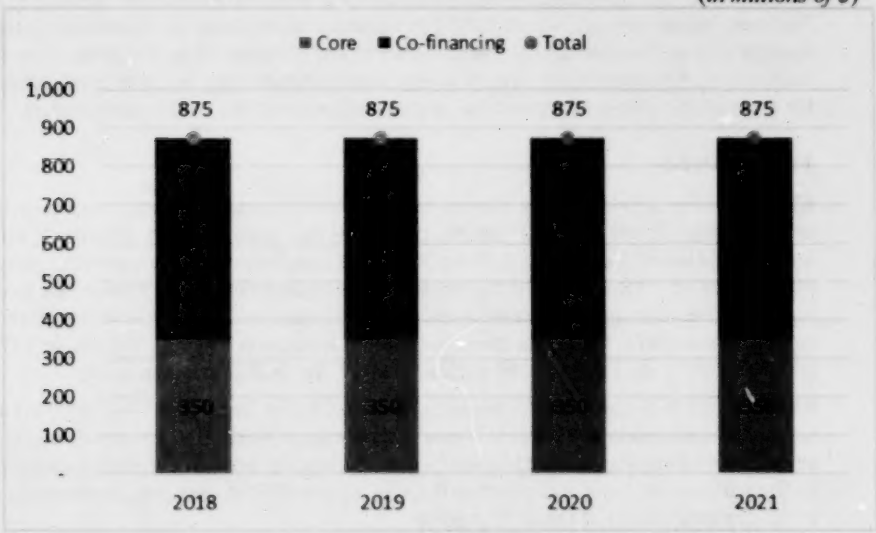
58. In comparison with the four-year co-financing contribution revenue target of $596 million per year for the previous strategic plan cycle (2014-2017), the proposed co-financing targets of $525 million per year is conservative. As a voluntarily funded organization, UNFPA understands that co-financing resources are difficult to predict as this involves uncertainty to the timing and duration of funding commitments, donor priorities and preferences. UNFPA will seek to meet its targets, in accordance with the resource mobilization strategy, the recommendation of the quadrennial comprehensive policy review and the continued guidance of the Executive Board (table 9).

59. The preparation of the contribution revenue targets is in line with the scope of the Strategic Plan, 2018-2021. UNFPA has included specific indicators to measure resource mobilization efforts. While the targets are conservative, since they are lower than the targets in the previous cycle, the Fund's resource mobilization efforts continue to be ambitious; any additional resources mobilized above these targets will be allocated towards the improved delivery of UNFPA programmes.

Table 9.

Proposed strategic plan contribution targets, 2018-2021 (revision)

(*in millions of $*)



Note: Proposed strategic plan contribution targets of $3,500 million for 2018-2021 ($1,400 million for regular resources, and $2,100 million for co-financing resources).

III. Executive Board dialogue on funding issues

Structured funding dialogues

60. In accordance with Executive Board decision 2017/25, UNFPA developed a proposal to improve the functioning and effectiveness of the structured funding dialogues. Several informal consultations with the Executive Board were convened in 2017 and 2018, to discuss the proposal for future structured funding dialogues, the elaboration of a 'funding compact', in line with the Secretary General's proposal to reposition the United Nations development system, and the UNFPA funding architecture and financial situation. Through regular and in-depth dialogues with all Member States, UNFPA expects to reach an adequate level of predictable funding for the realization of universal access to sexual and reproductive health and reproductive rights over the next three cycles of the strategic plan towards 2030.

61. Also, in line with the Secretary General's funding reform, UNFPA has taken a leadership role among United Nations agencies in advancing the structured funding dialogues and the concept of a 'funding compact', both United Nations system-wide and at UNFPA. Its proposal to strengthen the depth and regularity of the structured funding dialogues has been well received by Member States and United Nations partner organizations. The proposal needs to be robustly supported by as many Member States as possible in order to deliver on the intended objective of securing predictable and high-quality funding for the Strategic Plan and the Sustainable Development Goals. In an addendum, the UNFPA proposal to the Executive Board: Structured Funding Dialogues is submitted for endorsement by the Executive Board as part of its decision on the present report.

62. The UNFPA funding compact consists of a mutual commitment between UNFPA and Member States through which UNFPA commits to enhance excellence in programming, transparency and accountability in management, and to further align and consolidate its funding architecture. Member States, in turn, would commit to adequate levels of predictable resources for the strategic plan and support the operationalization of the funding architecture.

Funding trends

63. UNFPA appeals to the donors for the early commitments and payments, which are needed early in the year to ensure predictability, planning and effective and efficient implementation of programme delivery. Only $127 million of regular resources were recorded officially as of 1 May 2018. In this regard, as more donors shift their priorities to earmarked resources, the funding gap in regular resources will continue. For the first year of the previous strategic plan (2014-2017), the core contribution revenue reached its highest, at $477 million, and then rapidly declined to $350 million in 2017, the final year of the cycle.

64. In line with the UNFPA resource mobilization strategy (DP/FPA/2015/11) advancing resource mobilization at all levels is now a corporate priority. UNFPA continues to stress that an unrestricted regular resources contribution remains the preferred modality, as this forms the bedrock of sustainability and effective delivery on the UNFPA mandate, increasingly important in the implementation of the 2030 Agenda.

65. For co-financing resources, the 2018 preliminary contribution revenue target is $525 million. In accordance to Executive Board decision 2017/25, UNFPA continues to attract new sources of funding from diversified sources, and early positive results are materializing as the co-financing recorded for $269 million, as of 30 April 2018, is $64 million more compared to 30 April 2017.

66. Meeting these targets is critical for the resources needed to finance the strategic plan outcomes; predictability is critical, and multi-year commitments to support the Strategic Plan, 2018-2021 are vital for sustainability.

UNFPA resource mobilization strategy

67. The UNFPA resource mobilization strategy, adopted in Executive Board decision 2015/18, continues to guide the Fund's coordinated resource mobilization efforts, and is considered fit-for-purpose in the context of the Strategic Plan, 2018-2021 – as evinced by the $712 million in co-financing contribution revenue mobilized in 2017, the highest ever recorded in the Fund's history. The revenue raised in 2017 by regional and country offices was $534 million, representing 75 per cent of the total co-financing resources revenue for 2017, indicating the successful coordination of resource mobilization efforts throughout UNFPA. The remaining $177 million (25 per cent) of total co-financing contribution revenue were mobilized through thematic funding streams and co-financing projects managed at headquarters. Underlying factors for the success of this record in co-financing are as follows:

(a) The resource mobilization strategy introduced a decentralized but coordinated approach to resource mobilization. This has started to mature with significant results – the regional and country offices have sharpened their resource mobilization targets and strategies based on their specific resource environments and relevant partnerships. Also, better vertical and horizontal flows of information have resulted in the presentation of more strategic proposals to potential contributors. This approach, together with strengthened resource management, transparency and resource tracking, has allowed UNFPA to expand on modalities, and has led to larger contributions;

(b) UNFPA is appreciative of the momentum of the substantial additional contributions from donors worldwide to cover the gap in core resources, and the momentum generated by movements, such as She Decides, the London Family Planning Summit, the African Union's focus on the demographic dividend and others, helped bring greater attention to the sexual and reproductive health and reproductive rights of women, adolescents and girls and young people.

Additional funding windows and opportunities

68. UNFPA continues to play an active role in United Nations joint funding and system-wide financing discussions, supporting the strengthening of country team capacities for resource mobilization, streamlining of financing instruments with the World Bank, regional financing institutions (such as the Islamic Development Bank, Inter-American Development Bank) and the European Union, participation in thematic, multi-partner alliances with resource mobilization or leveraging focus and for private-sector engagement.

69. Regarding South-South and triangular cooperation, UNFPA continued to promote alliances with developing countries to accelerate the implementation of the ICPD and the Sustainable Development Goals. As part of the fifth mode of engagement of programming under the Strategic Plan, 2018-2021, a guidance note was issued for all UNFPA regional and country offices in mainstreaming South-South and triangular cooperation into UNFPA programming.

70. In 2017, China allocated $2 million from its South-South Cooperation Assistance Fund in support of a maternal health project in Sierra Leone, and India allocated $550,000 from the India-United Nations Development Partnership Fund to accelerate repositioning of family planning in Sao Tome and Principe. Together with Partners in Population and Development (comprising 26 of the most populous countries) and the Indonesian Government, UNFPA co-organized a Population and Development Conference in Indonesia in November 2017. The conference was attended by senior government officials and representatives from non-governmental organizations from Asia, Africa, and the Middle East. These efforts further strengthened the position of UNFPA as a leader in population and development, especially among developing countries.

71. In partnership with United Nations Office for South-South Cooperation, UNFPA has decided to provide support to the Youth4South programme, aimed at enabling young people to come up with innovative ideas and solutions to population and development challenges; and the UNFPA Inter-Country Cooperation Office facilitated a Memorandum of Understanding between UNFPA and Partners in Population and Development that maps out the direction of future cooperation between the two organizations.

UNFPA transparency portal and the International Aid Transparency Initiative

72. UNFPA continues to be an active member of the International Aid Transparency Initiative, strengthening systems and visualization tools to provide traceability and better report on regular and other resources and their related results for the use of partner government information systems. United Nations system-wide data portals and the online UNFPA Transparency Portal, including the launch in 2017 of UNFPA donors pages, have been well received. The web pages feature the top 20 donors to UNFPA and include visualizations of results and expenditures by country, region and donor. The continued enhancement of the UNFPA transparency portal, which includes visualizations that highlight linkages in UNFPA results and expenditures by county, region and donor, has been well received by donors.

Broadening the donor base

73. Active engagement in strengthening partnerships with programme countries for financing the delivery of results is a priority for UNFPA. In 2016, 25 countries contributed to their own country programmes (totalling $23 million), compared to 20 countries ($61 million) in 2017. The matching fund modality (approved in Executive Board decision 2013/31), which annually allows up to $100,000 to be made available as an incentive for upper-middle-income and high-income countries, was accessed by 9 programme countries (totalling $0.7 million) in 2017, compared with 12 programme countries ($1.1 million) in 2016.

74. Among the top 20 donors to UNFPA co-financing revenue in 2017 were partners beyond traditional donors (collective United Nations system entities, Guatemala, Haiti, and the Bill and Melinda Gates Foundation). UNFPA signed co-financing agreements with 105 contributors to co-financing resources, including Member States, private-sector foundations, businesses and institutions, compared to 102 contributors in 2016. UNFPA engaged in a number of negotiations for financing structures and contributions to processes commencing in 2017 and beyond as well as conceptualization of broader thematic funding for population and data initiatives, the Thematic Trust Fund for Reproductive Health, Safety and Dignity in Crises and the expansion of the Innovation Fund.

75. In line with Executive Board decision 2016/18, UNFPA worked on the 150 Donor Campaign to reach out to all Member States to support UNFPA by contributing, or increasing their contributions, as partners in support of the achievement of universal access to sexual and reproductive health, realization of reproductive rights, reduction in maternal mortality, acceleration of progress on the ICPD agenda and implementation of the Sustainable Development Goals. UNFPA successfully expanded its donor base from 123 donors in 2016 to 132 donors in 2017.

IV. Conclusion

76. UNFPA continues to systematically emphasize that the best modality is an unrestricted resource contribution, as also underscored by the QCPR, as these continue to form the bedrock of sustainability and effective delivery of its mandate. The sustainability of resources is critical to the Fund's ability to keep pace with the growing demands for its services in the countries it serves, to fully integrate the ICPD agenda into national development strategies, and to sustain the comparative advantage UNFPA brings to support the implementation of the 2030 Agenda for Sustainable Development.

77. With the Strategic Plan, 2018-2021 now in place, UNFPA is well positioned to implement the bold vision set forth in the 2030 Agenda and its own three transformative results. It is in this spirit that UNFPA appeals to the donor community to support a predictable cash flow, so important for the efficient and effective management of operations. For that reason, UNFPA encourages all Governments to increase their contribution levels to the Fund's regular resources and maintain timely contribution commitments and payment schedules to ensure UNFPA actions have the greatest impact, and also to support the new reinvigorated resident coordinator system.

78. Notably, the actual contribution revenue for regular resources has substantially declined through the years, from $477 million in 2014 to $350 million in 2017, despite the growing demands for sexual and reproductive health services around the world. As of 1 May 2018, only $127 (37 per cent) million of the $350 million strategic plan contribution target for regular resources, has been recorded.

79. UNFPA recognizes the reality of the current levels of core and non-core resource flows: strategies to optimize both are not mutually exclusive; together form the backbone of the UNFPA resource mobilization strategy. The Fund continues to seek valuable feedback in dialogue with partners, as exemplified by the structured funding dialogues that have taken place since 2017. UNFPA continues to work towards strengthening incentives for current contributors to core resources in order to continue to encourage their strong support, as well as for attracting new contributions. This includes forging stronger partnerships around regular contributions, effectively tracking the translation of resources into results, and continuous focus on innovation and value-for-money.

80. With the strong commitment of the donor community to UNFPA in the previous strategic plan cycle (2014-2017), UNFPA was able to meet 97 per cent of its overall strategic plan contribution target. In view of the importance of the current strategic plan, the achievement of the 2030 Agenda for Sustainable Development, the Addis Ababa Action Agenda and the Paris Agreement on Climate Change, UNFPA requires a sustainable and predictable financing platform to carry out its mandate.

V. Elements of a decision

81. The Executive Board may wish to:

(a) Take note of the report on contributions by Member States and others to UNFPA and revenue projections for 2018 and future years (DP/FPA/2018/10);

(b) Emphasize that UNFPA needs strong political and increased financial support as well as predictable regular resources, in order to enhance its assistance to countries, to implement its Strategic Plan, 2018-2021, to fully integrate the agenda of the International Conference on Population and Development into national development strategies and frameworks, to achieve the internationally agreed development goals, and to support countries in advancing the 2030 Agenda for Sustainable Development;

(c) Emphasize that regular resources are the bedrock of UNFPA and essential to maintaining the multilateral, neutral and universal nature of its mandate and to carrying out its work, and encourage UNFPA to further mobilize these resources while continuing to mobilize supplementary resources for thematic funds and programmes;

(d) Encourage all Member States to increase their contributions to regular resources, not least to ensure that UNFPA can cover the current critical gap in core revenue, and also encourage countries in a position to do so to make contributions during the first half of the year and to make multi-year pledges in order to ensure effective programming;

(e) Also encourage all programme country Governments to expand their contributions to programmes in their own countries;

(f) Endorse the proposal to the Executive Board on structured funding dialogues, as presented in the addendum of this report.

United Nations DP/FPA/2018/10/Add.1

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
4 July 2018

Original: English

Second regular session 2018
4-7 September 2018, New York
Item 6 of the provisional agenda
UNFPA – Structured funding dialogue

United Nations Population Fund

Report on contributions by Member States and others to UNFPA and revenue projections for 2018 and future years

Addendum

UNFPA proposal on structured funding dialogues

Summary

In line with the quadrennial comprehensive policy review (QCPR) of operational activities for development (A/RES/71/243), ongoing reform proposals for the United Nations development system, and Executive Board decision 2017/25, UNFPA has developed the present proposal to improve the functioning and effectiveness of the structured dialogues on how to fund the development results agreed in the Strategic Plan, 2018-2021, through a broader and stronger coalition of committed partners. It is inspired by models and practices used by other United Nations agencies.

This proposal is the final version of draft proposals presented to the Executive Board at informal consultations in February and May 2018. It incorporates guidance, comments and suggestions received from Member States.

UNFPA proposes a series of structured funding dialogues with Member States aiming at gaining greater understanding of the funding situation and needs at various points in the year, presenting UNFPA work to expand its funding base, and strengthening Member States commitment for predictable and sustainable funding.

The success of the structured funding dialogues will depend on all parties living up to their respective commitments to ensure sustainable financing approaches in order to leave no one behind and reach those furthest behind first.

The Executive Board may wish to endorse this proposal as part of the decision on UNFPA funding issues. Elements of a decision are contained in section V of the report on contributions by Member States and others to UNFPA and revenue projections for 2018 and future years (DP/FPA/2018/10).

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I. Context

1. Securing adequate levels of predictable financing is the linchpin for the success of the UNFPA Strategic Plan, 2018-2021 and its programmes, and is critical to the organization's ability to keep pace with the growing demands for its services to the countries it serves, to fully integrate the ICPD agenda into national development strategies, and the comparative advantage it brings to support the implementation of Agenda 2030 for Sustainable Development.

2. However, UNFPA continues to face challenges for predictable funding: sexual and reproductive health and reproductive rights, family planning and maternal health remain underfunded. The funding outlook remains challenging for both Member States and UNFPA, now and in future years. The UNFPA donor base for large contributions remains narrow, hence the need to expand it towards a less vulnerable funding situation, and a more balanced community of contributors.

3. With the adoption of the Strategic Plan, 2018-2021, there is great momentum to boost the political and financial support of Member States for predictable and sustainable financing in order to achieve the three ambitious transformative results[1] outlined in the Strategic Plan, and to contribute to the implementation of the 2030 Agenda for Sustainable Development.

4. In line with the QCPR (A/RES/71/243), ongoing reform proposals for the United Nations development system, and Executive Board decision 2017/25, UNFPA has developed this proposal[2] to improve the functioning and effectiveness of the structured dialogues on how to fund the development results agreed in the strategic plan, through a broader and stronger coalition of committed partners. It is inspired by models and practices used by other United Nations agencies.

5. The structured funding dialogues are important elements in the reform process of the United Nations development system. They aim at providing greater clarity on how much it costs to meet the expected outcomes and impact outlined in the strategic plans and the resources available or needed to finance them. This process has the potential to significantly strengthen current funding practices and, in turn, the governance of the funds and programmes. With the goal to secure adequate resources for the Strategic Plan, the structured funding dialogues would connect Executive Board approval of strategic priorities of the funds and programmes to a discussion on financing, including on potential joint initiatives,[3] and prospects for joint resource mobilization. Recognizing that funding and governance are linked, the structured funding dialogues should also address ways and means to ensure strong ownership of strategic plans and their implementation by all Member States, transparent budgeting processes, and accountable management practices and reporting.[4]

II. Guiding principles for enhancing structured funding dialogues

6. The proposal is based on the guiding principles as laid out in the Secretary-General's report, Repositioning the United Nations development system to deliver on the 2030 Agenda: our promise for dignity, prosperity and peace on a healthy planet, the General Assembly resolution 72/279 on the repositioning of the United Nations development system, as well as

[1] By 2030: End unmet need for family planning; End preventable maternal deaths; End gender-based violence and harmful practices against women and girls.

[2] This proposal is the final version of draft proposals presented to the Executive Board at informal sessions in February and May 2018, and incorporates guidance, comments and suggestions received from Member States.

[3] As suggested in the common chapter of the Strategic Plan, 2018-2021: Working together to support implementation of the 2030 Agenda.

[4] Based on the 2017 session of the Economic and Social Council: Implementation of General Assembly resolution 67/226 on the QCPR: funding analysis (A/72/61-E/2017/4).

elements of key decisions of the Executive Board on structured funding dialogues, budget and related matters. The principles for future structured funding dialogues include:

(a) Regularity of dialogues throughout the year;

(b) Structured, yet interactive and flexible;

(c) Framed in the context of the QCPR and the Secretary-General's funding reforms as proposed in his report: Repositioning the United Nations development system to deliver on the 2030 Agenda: our promise for dignity, prosperity and peace on a healthy planet;

(d) Reflective of the evolving United Nations financing context, moving from funding to financing the Sustainable Development Goals;

(e) Ownership of the dialogues by all Member States: traditional donors, emerging donors and programme countries;

(f) Focused on:

(i) Predictable and sustainable funding for the duration of the Strategic Plan, 2018-2021, with core funding as the bedrock of UNFPA;

(ii) Quality of non-core resources, including factors of fragmentation and compliance to cost-recovery policy;

(iii) Aligning resources with needs, demonstrating and giving visibility to results achieved with donor funding;

(iv) Consistency of approaches with the other United Nations funds and programmes.

III. Proposal for 2018 and beyond

7. UNFPA proposes a series of structured funding dialogues with Member States aimed at gaining greater understanding of the funding situation and needs at various points in the year, presenting UNFPA work to expand its funding base, and strengthening Member States commitment for predictable and sustainable funding.

Content

8. To reflect the evolving nature of the financing landscape of the United Nations development system in general and UNFPA in particular, the structured funding dialogues should cover a variety of funding sources, streams and topics. Aligned to the funding architecture accompanying the UNFPA Strategic Plan, 2018-2021, the scope of the structured funding dialogues should encompass core resources, non-core resources (thematic funds, joint-funding instruments, humanitarian funding, blended financing), private sources of funding, strategic partnerships, digital tools, among others. The content of each session would vary depending on circumstances, challenges faced and opportunities arising throughout the year.

9. The structured funding dialogues will also be used as a platform to advance the concept of a UNFPA funding compact under discussion with Member States. The UNFPA funding compact is a mutual commitment between Member States and UNFPA, through which:

(a) UNFPA commits to enhance excellence in programming, transparency in financing, accountability in management and reporting, and to further align its funding architecture to the Strategic Plan, 2018-2021;

(b) Member States commit to support the mandate of UNFPA through adequate levels of resources for the implementation of the Strategic Plan, 2018-2021 and the operationalization of its funding architecture.

Goal and objectives for 2018-2021

10. The goal of the structured funding dialogues is to arrive at a more diverse coalition of donors, as well as predictable and commensurate financing for the realization of universal access to sexual and reproductive health and reproductive rights for the next three cycles of the strategic plan towards 2030. This will be achieved by focusing on:

(a) Funding needs, gaps and projections, using rigorous and updated financial information;

(b) Aligning resources with programmatic needs, using robust analysis;

(c) Demonstrating and giving visibility to results achieved, including through UNFPA digital instruments and platforms, improving real-time data access and enhancing visibility for donors and partners.

11. The specific objectives which UNFPA expect to achieve through the structured funding dialogues are to:

(a) Maintain or surpass the minimum floor of $350 million throughout the entire cycle of the Strategic Plan, 2018-2021;

(b) Increase the number of core contributors from 120 (2017 baseline) to 150 (2018 target), and maintain that level throughout the entire cycle of the Strategic Plan, 2018-2021;

(c) Increase the number of donors committing to multi-year contributions;

(d) Increase the proportion of core contributions from non-OECD DAC and programme countries from 1.5 per cent (2017 baseline) up to 10 per cent (2018-2021 target)

(e) Help to operationalize the UNFPA funding architecture and the UNFPA funding compact (figure 1).

Frequency

12. UNFPA proposes to organize three meetings per year, in the margin of or close to the Executive Board's formal sessions, as follows:

(a) After the first regular session (January/February) – informal meeting

(b) Before the annual session (May/June) – informal meeting

(c) At the second regular session (September) – formal agenda item of the session.

Format

13. The format of the structured funding dialogues should be dynamic, evidence-based and interactive, typically structured around a formal agenda and documentation available at least two weeks in advance of the meeting. It should include a short presentation by UNFPA, followed by an exchange with Member States.

14. It should be inclusive, that is, not necessarily limited to the official membership of the Executive Boards for a given year, but rather open to a broader United Nations development system constituency, including delegations engaged in discussions on financing for the United Nations development system, or interested in and politically committed to the UNFPA mandate and thematic priorities.

15. The structured funding dialogues should contribute to strengthening the ownership of Member States over the strategic plan and related funding, pointing to funding gaps and their impact on implementation of the strategic plan. As appropriate, some sessions could be open to representatives from the other United Nations funds and programmes, and other United Nations agencies with which UNFPA has a close partnership, as well as other relevant non-governmental, private or other funding partners.

Sequencing

16. In order to structure the structured funding dialogues in a logical and relevant manner throughout the calendar year, UNFPA proposes to sequence sessions based on the existing calendars of the Executive Board and the Economic and Social Council, as follows:

(a) *First regular session*. Main highlights of past year, funding situation at the beginning of year, funding gaps and funding perspectives, latest development on thematic/non-core funding, and innovative financing;

(b) *Annual session*. Funding situation at mid-year, projections for the rest of the year, including priority funding gaps, and any other relevant aspect of financing;

(c) *Second regular session*. Annual report on funding contributions (report on contributions by Member States and others to UNFPA and revenue projections for the current and future years), progress achieved, main challenges per funding instrument, funding gaps, focus on additional pledges needed, and perspectives for upcoming year.

17. These three sessions could be complemented by specific briefings with missions or regional groups, as needed, as well as with other United Nations agencies or the broader United Nations Development Group, pending Member States decisions on the repositioning of the United Nations development system and the Secretary-General's proposal for a funding compact and dialogue. Further extraordinary meetings[5] could be envisaged, as necessary. Figure 3 provides an illustration of the proposed annual cycle of structured funding dialogues.

IV. Other considerations

18. Over the course of the Strategic Plan, 2018-2021, UNFPA will continue to refine its methodology to report on results, in particular those achieved with core contributions, and to further develop and improve other financing instruments to complement core resources.

19. Through the internal Comprehensive Resources Review, UNFPA has committed to ensure that resources, human and financial, are optimally deployed in support of the Strategic Plan, 2018-2021. The focus is on strengthening and streamlining the UNFPA structure, business processes and units, as well as staff skill sets for improved efficiencies, cohesiveness and synergies between the various levels of the organization. The Review is a clear demonstration of UNFPA commitment to change management towards an optimized management of resources.

20. The structured funding dialogues should contribute to form a coalition of committed Member States, strongly determined to working together to deliver on the 2030 Agenda through the UNFPA mandate. It is envisaged that UNFPA will work closely with two Member States, designated as "champions of UNFPA structured funding dialogues" to help UNFPA rally a broad and diverse group of delegations around the structured funding dialogues and the realization of a funding compact. It is expected that the two "champions of structured funding dialogues" would consist of one traditional donor and one programme country.

[5] UNFPA organized an extraordinary meeting and several briefings following the defunding from one of its top donor in 2017.

21. The success of the structured funding dialogues will depend on all parties living up to their respective commitments to ensure sustainable financing approaches in order to leave no one behind and reach those furthest behind first.

Figure 1
UNFPA funding architecture

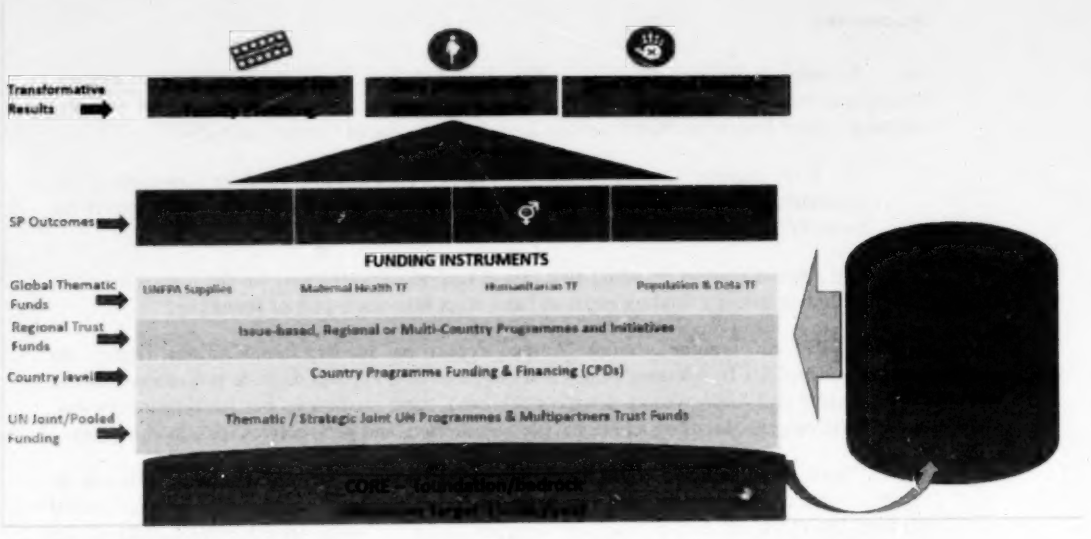


Figure 2
UNFPA funding compact

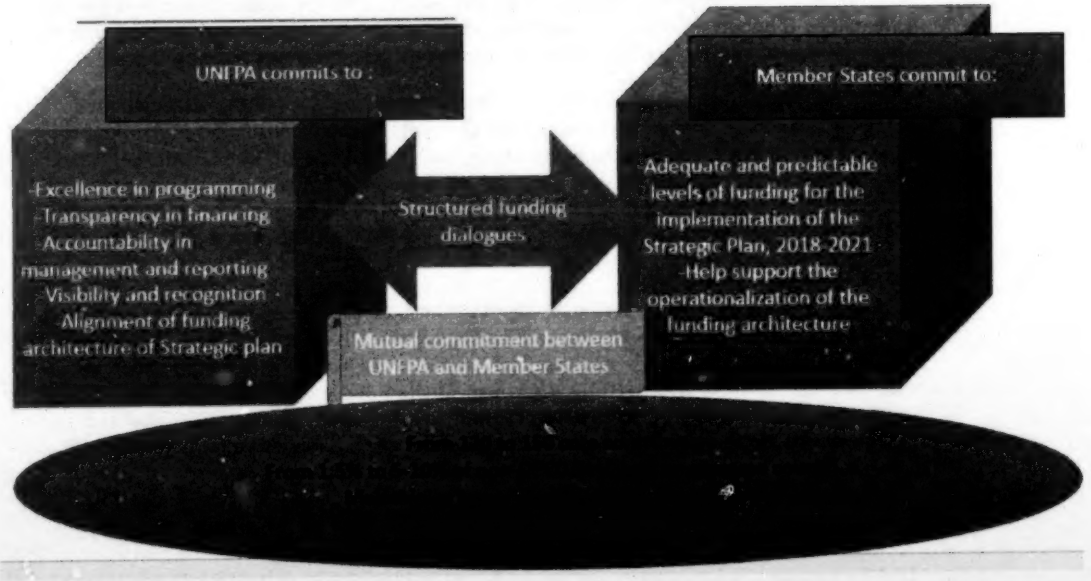
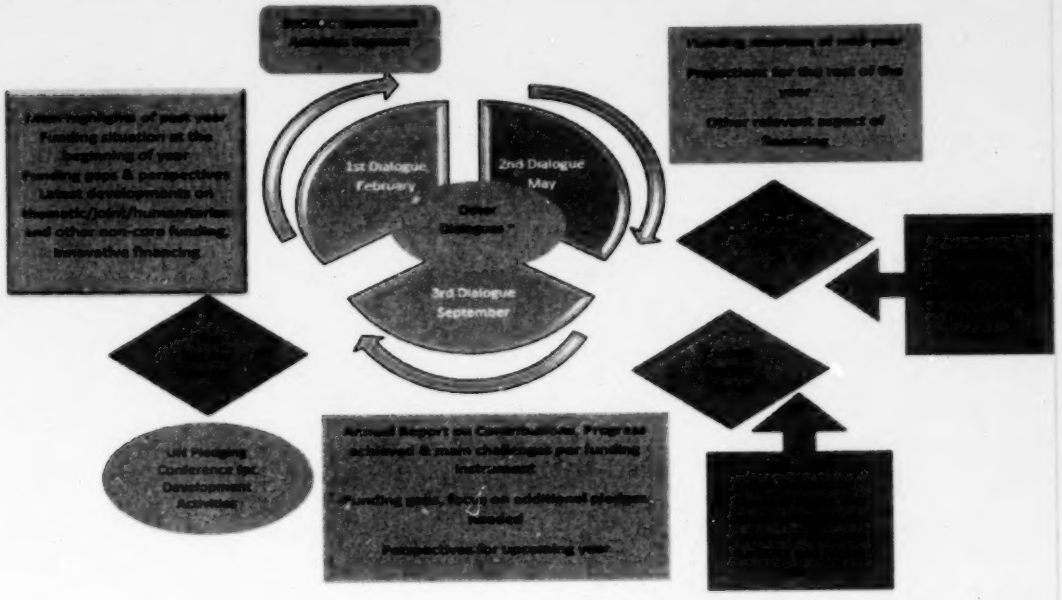

UNFPA commits to :
-Excellence in programming
-Transparency in financing
-Accountability in management and reporting
-Visibility and recognition
-Alignment of funding architecture of Strategic plan
Structured funding dialogues
Member States commit to:
-Adequate and predictable levels of funding for the implementation of the Strategic Plan, 2018-2021
-Help support the operationalization of the funding architecture
Mutual commitment between UNFPA and Member States

Figure 3
Illustration of the proposed annual cycle of UNFPA structured funding dialogues



*To be further defined depending on circumstances, decisions of the Executive Board and directions of the broader UN reform.

ECOSOC / UN related matters

UNDP/UNFPA/UNOPS Executive Board related matters

UNFPA SFDs

United Nations DP/FPA/2018/11

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General

6 July 2018
Original: English

Second regular session 2018
4-7 September 2018, New York
Item 8 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Extensions of country programmes

Summary

The present note contains information on the extensions of UNFPA country programmes. First-time extensions of country programmes up to one year are approved by the Executive Director, and presented to the Executive Board for information. All other requests for extensions of country programmes are submitted to the Executive Board for approval.

The Executive Board may wish to take note of the first one-year extensions of the country programmes for the Comoros, the Republic of the Congo and Mexico, as presented in table 1, and may wish to approve the second one-year extensions of the country programmes for the Democratic Republic of the Congo and Liberia, as presented in table 2.

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Table 1
Extensions of country programmes approved by the Executive Director

Country	*Original programme period*	*Period approved for extension*	*Reason for extension*
Comoros	2015-2018	2019	The current United Nations Development Assistance Framework (UNDAF) for 2015-2019 is aligned with the national framework: Accelerated Growth and Sustainable Development Strategy, while the UNFPA country programme was developed for 2015-2018. In order to facilitate alignment with the national priorities and to ensure a coordinated and United Nations collective support to the implementation of the framework, UNFPA and the Government of the Comoros agreed to extend the current CPD for one year.
Congo	2014-2018	2019	The United Nations country team (UNCT) agreed with the Government of the Republic of the Congo to extend the current UNDAF (2014-2018) by one year to align the next programme cycle with the new national development plan currently under development, aimed at integrating the Sustainable Development Goals (SDGs).
Mexico	2014-2018	2019	The current Government administration in Mexico ends in November 2018, and in March 2019, the Government in transition is expected to launch the National Development Plan, 2020-2025. Therefore, the Government of Mexico, in consultation with UNDP, UNICEF and UNFPA, has agreed to a one-year extension of their respective country programmes in order to facilitate harmonization with the current UNDAF (2014-2019) and with the priorities identified in the new national development plan.

Table 2
Country programme extensions for which the approval of the Executive Board is sought

Country	*Original programme period*	*Period proposed for extension*	*Reason for extension*		
			In-country development	*United Nations harmonization*	*Implementation or other issues*
Democratic Republic of the Congo	2013-2017 2018 (first extension)	2019 (second extension)	The political situation remains fragile and unpredictable, with the elections planned for 23 December 2018. Humanitarian crises in the Kasai region and in Tanganyika province as well as in North Kivu and South Kivu have increased the vulnerability of the populations there due to significant loss of access to basic services and major human rights violations. Over 22.5 million people, including more than 5 million women of reproductive age and 1 million pregnant women, are expected to be in need of humanitarian assistance in 2018 and 2019.	The Government of the Democratic Republic of the Congo and the UNCT agreed to extend the current UNDAF for one year to ensure that the next UNDAF is aligned with the National Strategic Development Plan, 2018-2022.	During the extension period, UNFPA will continue to focus on the priorities and results identified within the fourth country programme cycle.
Liberia	2013-2017 2018 (first extension)	2019 (second extension)	The United Nations Mission in Liberia (UNMIL) successfully completed its mandate on 30 March 2018. Programme delivery was significantly affected by the presidential and parliamentary elections, with a new administration taking office in January 2018. The new Government indicated that by mid-2018, a new national development blueprint would be ready.	The Government of Liberia agreed with UNCT to extend the current UNDAF for one year to align with the national planning cycle and allow for an UNDAF process that considers options for Delivering as One. This extension enables UNFPA to align its programme with a new UNDAF and national priorities of the new administration.	The current country programme will continue to support the Government in the following areas: (1) maternal and newborn health, including family planning; (2) empowering adolescent and youth, especially adolescent girls, to access sexual and reproductive health services; (3) advancing gender equality and empowerment of women and girls, exercising their reproductive rights, with specific focus on the most marginalized and disadvantaged populations; (4) and strengthening national development plans through stronger population data systems and better use of demographic intelligence.

United Nations DP/2018/27-DP/FPA/2018/12

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
5 July 2018

Original: English

Second regular session 2018
4 – 7 September 2018, New York
Item 10 of the provisional agenda
Follow-up to UNAIDS Programme Coordinating Board meeting

Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS

Summary

The present report addresses the implementation of the decisions and recommendations of the Programme Coordinating Board (PCB) of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The report focuses on the implementation of decisions from the fortieth and forty-first PCB meetings, held in June and December 2017 respectively. The report also highlights the contributions of UNDP and UNFPA to the HIV/AIDS response.

Elements of a decision

The Executive Board may wish to take note of the joint UNDP/UNFPA report on the implementation of the decisions and recommendations of the Programme Coordinating Board of UNAIDS (DP/2018/27-DP/FPA/2018/12).

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I. Context

1. Progress has been made towards achieving the Sustainable Development Goal target of ending the AIDS epidemic as a public health threat by 2030. New HIV infections in sub-Saharan Africa have declined by nearly 50 per cent since 2000. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has been at the heart of global efforts to support a rapid acceleration of treatment access. In 2017, for the first time, 53 per cent all people living with HIV were accessing HIV treatment. By mid-2017, 20.9 million of an estimated 36.7 million people living with HIV were receiving antiretroviral therapy (ART) globally. More than two thirds of all people living with HIV globally knew their HIV status in 2016. Among those who knew their HIV status, 77 per cent were accessing ART, and 82 per cent of people on treatment had suppressed viral loads. Thanks to the scale-up of treatment, the number of AIDS-related deaths fell from 1.9 million in 2005 to 1 million in 2016. This progress puts the world on track to reach the global target of 30 million people on treatment by 2020.

2. But progress is uneven and several key challenges are impeding efforts to end AIDS by 2030. 16 million people living with HIV are still waiting for treatment. Declines in new HIV infections have been too slow and global HIV prevention targets are being missed by a wide margin, with 1.7 million new infections among adults still estimated to have occurred in 2016, a decline of only 11 per cent since 2010. The four main reasons for this are gaps in political leadership, inadequate laws and policy, insufficient financing for HIV prevention programmes and lack of systematic scale-up. New HIV infections are increasing in Eastern Europe and Central Asia, especially in the general population; they have risen by 60 per cent since 2010 and AIDS-related deaths have increased by 27 per cent. Progress in Eastern and Southern Africa is contrasted with slow improvements in West and Central Africa, where three out of four people living with HIV are not receiving treatment.

3. The present report, prepared jointly by UNDP and the United Nations Population Fund (UNFPA), provides an update on the decisions and recommendations from the fortieth and forty-first meetings of the UNAIDS Programme Coordinating Board (PCB), held in June and December 2017 respectively. Issues of relevance to UNDP and UNFPA included the refined UNAIDS operating model and the 2018-2019 Unified Budget, Results and Accountability Framework (UBRAF); the report on progress in the implementation of the UNAIDS Joint Action Plan; and the thematic segment of the fortieth PCB meeting on 'HIV prevention 2020: a global partnership for delivery'.

4. This report also provides highlights of UNDP and UNFPA results in addressing HIV in the context of broader work on health, human rights and development to support countries to achieve the Sustainable Development Goals and the pledge to leave no one behind. More detailed results for both organizations are available in the UNAIDS UBRAF 2017 Performance Monitoring Report Parts I and II. The oral presentation at the second regular session 2018 will include a synopsis of decisions and recommendations from the forty-second PCB meeting held in June 2018.

II. Decisions and recommendations of the UNAIDS Programme Coordinating Board

5. This chapter gives a brief overview of PCB decisions relevant to UNDP and UNFPA. Further information on how they are being implemented is included in chapter III.

Refined operating model of UNAIDS

6. In 2016, the Joint Programme experienced a 33 per cent shortfall in its core budget. In the context of the financial stabilization of UNAIDS, responding to calls for greater transparency, efficiency and results focus and the evolving demands of the AIDS epidemic, UNAIDS convened a Global Review Panel to provide recommendations on refining and reinforcing its model. The panel was co-convened by Helen Clark, then-UNDP Administrator, and Michel Sidibé, UNAIDS Executive Director, and co-chaired by Awa Coll-Seck, Minister of Health, Senegal and Lennarth Hjelmåker, former Ambassador for Global Health, Sweden.

7. The panel's report validated the added value of the Joint Programme, and called for the reinforcement of its multisectoral approach and central role within the global health architecture, including as a critical partner to the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief (PEPFAR). The report provided recommendations in three areas: (a) reinvigorating joint work at country level; (b) enhancing joint resource mobilization and allocation; and (c) improving governance.

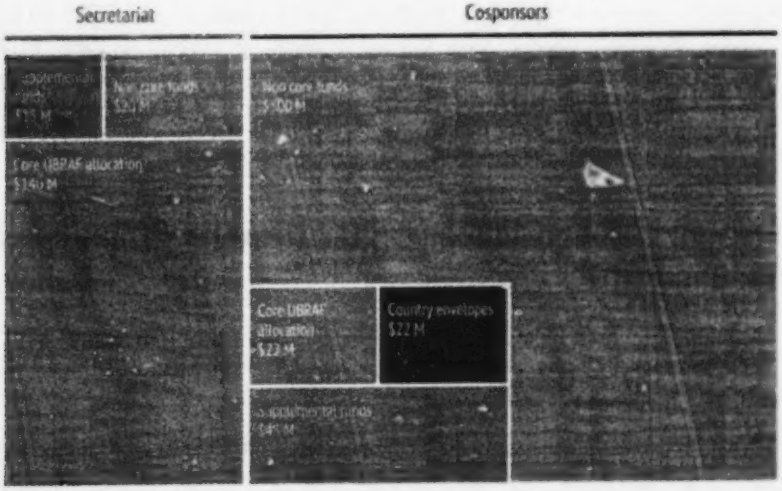
8. The Joint Programme discussed the panel's recommendations and developed an action plan to implement the recommendations which was presented at the fortieth PCB meeting. The new model presented in the action plan focuses on increasing investments at the country level, greater prominence and attention to incentives for joint work and strengthening the strategic focus of UNAIDS governance. Given the rapidly evolving context in which the action plan is being implemented—in terms of the epidemic, funding of the Joint Programme and broader United Nations reform—the action plan will be continually monitored and updated. The PCB welcomed the report of the panel, affirmed the action plan and requested its implementation.

2018-2019 Unified Budget, Results and Accountability Framework

9. The fortieth meeting of the PCB also approved the 2018–2019 budget, which had been developed taking into account the panel's recommendations. The budget includes estimated core funds to be raised by the secretariat and supplemental funds to be mobilized through joint resource mobilization, as well as estimated non-core funds to be raised (figure 1).

10. Under the new model, the UNAIDS secretariat receives $140 million per year. The 11 cosponsors each receive an annual allocation of $2 million to offer a degree of predictability in fulfilling their respective global and regional roles including engagement with the Joint Programme. A further allocation of $22 million is provided to cosponsors specifically for the country level in the form of country envelopes to leverage joint action in 33 Fast-Track countries and in support of populations in greatest need in other countries. Additional resources in the form of supplemental funds up to $58 million still will need to be mobilized jointly to address particular epidemic and country contexts. If successful, this would bring the total core resources to the level of a fully funded UBRAF.

Figure 1. Funds to be mobilized for a well-resourced Joint Programme, 2018–2019 (per year)



1 Supplemental funds to strengthen political advocacy, strategic information and support to civil society.

2 Non core funds are for the most part earmarked for very specific purposes and cannot easily replace more flexible core funds.

3 Supplemental funds raised through joint resource mobilization efforts.

Progress in the implementation of the UNAIDS Joint Action Plan

11. Cosponsors and the secretariat have taken significant steps to enhance their systems to better demonstrate value for money and to deliver greater impact in cost-effective ways, including by differentiating and tailoring programmatic efforts in countries to better align with the size of the epidemic and gaps in the response. Actions to intensify collaboration between the UNAIDS cosponsors and the secretariat included refining the UNAIDS division of labour, aligning it with the UNAIDS 2016-2021 Strategy and UBRAF. The revised division of labour was approved in May 2018 (See annex).

12. Country envelopes, as part of the new resource allocation model, have been finalized and disbursed. Two thirds of the $22 million ($15 million) has been allocated to Fast-Track countries and one third to other countries. In 2018, UNDP received $2,151,900 and UNFPA received $3,692,050 for country-level work on HIV.

13. The Joint Programme has developed a new joint resource mobilization plan for 2018-2021. The new plan has three main pillars: (a) sustain and strengthen government funding; (b) expand private sector funding; and (c) leverage other partnerships (especially with the Global Fund) and innovative funding. In addition, cosponsors have enhanced their efforts to mobilize more resources for AIDS while continuing to mainstream and integrate AIDS into their country, regional and global programmes that support the achievement of various Sustainable Development Goals and the pledge to leave no one behind.

Thematic segment on 'HIV prevention 2020: a global partnership for delivery'

14. The thematic segment of the fortieth PCB meeting was dedicated to HIV prevention, highlighting the centrality of prevention in HIV responses, moving beyond the false dichotomy of prevention versus treatment, and the necessity of a human rights-based approach to ensure that quality services reach everyone in need.

15. Discussions emphasized the importance of addressing structural barriers, including tackling harmful norms, laws, policies and practices. They highlighted the significance of strong political leadership, along with an open debate on sensitive issues. The importance of clear, measurable prevention targets and monitoring and evaluation was stressed so that results can be assessed, compared and improved. Adequate funding should also be available, including for neglected areas such as HIV prevention among key populations, which currently relies heavily on donor-funding.

16. In October 2017, UNFPA and the UNAIDS secretariat launched the Global Prevention Coalition at a meeting attended by 12 ministers of health. The meeting endorsed the Prevention 2020 Road Map, which was prepared through a consultative process that brought together more than 40 countries and organizations, including civil society, networks of people living with HIV and key populations, faith-based organizations, international organizations and foundations. A 10-point plan was developed for accelerating HIV prevention at the country level. Since then a secretariat has been established, 25 countries have developed, implemented and reported on their first 100-day plans and more countries and partners are joining. Dashboard/country score cards for accountability are being validated and used to measure progress.

III. UNDP and UNFPA transformative results

17. This section highlights the achievements of UNDP and UNFPA, structured according to the 2016-2021 UBRAF strategic results areas.

18. As cosponsors of UNAIDS and partners of the Global Fund, UNDP and UNFPA play important roles in supporting countries to implement the 2030 Agenda for Sustainable Development and the commitment to leave no one behind, in partnership with United Nations and other partners. In 2017, 127 UNDP country offices and 115 UNFPA offices supported national responses to HIV and health.

19. Recent UNDP evaluations provide a positive assessment of its contributions in addressing HIV and health. They highlight the unique value of UNDP in addressing sensitive issues such as HIV-related stigma and discrimination. Successful approaches include tackling the economic and social determinants of health. The 2017 evaluation of the UNDP Strategic Plan and global and regional programmes, 2014-2017 noted that the organization's strengths in addressing HIV and health included support to strengthening HIV-related legal frameworks, developing health system capacities, enabling global policy debate and engaging with key populations. Notwithstanding the acknowledgment of its positive contributions, the evaluation noted there is a need for better articulation of the UNDP role in HIV and other health work. The revised UNAIDS Division of Labour, the recently signed memorandum of understanding with the World Health Organization (WHO), and the signature solutions under the UNDP Strategic Plan, 2018-2021 will allow greater focus in UNDP multisectoral support to national HIV and health programmes.

20. The UNFPA focus on integrated sexual and reproductive health (SRH) services, especially for adolescents, young people, women and key populations, supports a key delivery platform for HIV prevention and stigma reduction. Global progress shows increasing availability and use of integrated SRH services, with 58 million women and young people in UNFPA priority countries utilizing integrated SRH services over the past three years. The independent evaluation of the H6 partnership[1] found that the programme expanded access to reproductive, maternal, newborn, child and adolescent health services in underserved geographical areas and among populations most in need.

21. Through UNFPA support, many millions of youth are reached with SRH information including on HIV prevention through school and community programmes and mobile applications. In 2017, the independent evaluation of UNFPA support to adolescents and youth, 2008-2015, concluded that UNFPA is a recognized leader in the area of SRH for adolescents and youth and a champion for adolescent girls.

Strategic Results Area 1: HIV testing and treatment

22. An estimated 1 million [830,000–1.2 million] people died from AIDS-related illnesses in 2016 and AIDS remains a leading cause of death for women of reproductive age. Tuberculosis remains the leading cause of death for people living with HIV, accounting for 40 per cent of HIV-related deaths in 2016.

23. As of 1 June 2018, UNDP was managing 31 Global Fund grants, covering 18 countries and three regional programmes covering another 27 countries. As a part of its partnership with the Global Fund, UNDP supports the implementation of Global Fund grants on an interim basis in a select number of countries facing significant capacity constraints, complex emergencies, donor sanctions or other challenges. Building on its policy expertise, UNDP has also played a role in supporting the Global Fund to shape its strategy, policies and practice on human rights, gender equality, key populations and working in challenging operating environments. This work is carried out in close collaboration with partners, leveraging the expertise of United Nations agencies such as UNFPA, United Nations Children's Fund (UNICEF), WHO, World Food Programme and others.

24. The UNDP-Global Fund partnership has saved 3.1 million lives and currently 2.2 million people living with HIV are receiving treatment through UNDP-managed grants, including one of every six people on HIV treatment in Africa. Since the beginning of the partnership, 44 million people have received HIV counselling and testing and 811,000 pregnant women received ART to prevent mother-to-child-transmission of HIV (PMTCT). In addition, 880,000 cases of tuberculosis were successfully treated, with 16 countries achieving a treatment success rate of over 80 per cent and 10 countries decreasing tuberculosis-related mortality by more than 50 per cent.

25. UNDP-managed Global Fund grants continue to perform strongly. One hundred per cent of UNDP grants are rated A1, A2 or B1 ("exceeding expectations", "meeting expectations" or

[1] The H6 is a partnership of UNAIDS, UNFPA, UNICEF, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), WHO and the World Bank Group to improve the health and save the lives of women and children.

"adequate") by the Global Fund; 55 per cent are rated A1 or A2, up from 25 per cent in 2010. The UNDP approach, which integrates implementation support, capacity development and policy expertise for large-scale health programmes, especially in challenging operating environments and fragile contexts, is helping countries to achieve Sustainable Development Goal 3 and deliver development results that leave no one behind.

26. As of May 2018, in line with the UNDP capacity development strategy, 14 of the 18 countries where UNDP is interim principal recipient of Global Fund grants have capacity development plans in place and four countries are preparing such plans. To date, UNDP has transitioned fully out of the principal recipient role in 31 countries.

27. UNDP and the New Partnership for Africa's Development, together with United Nations and civil society partners, supported the development of the African Union Model Law on Medical Product Regulation adopted in January 2016 in recognition of the need to increase access to medical products across 54 African countries. The Model Law aims at harmonizing medicines regulations in the Africa region to ensure faster, more predictable and transparent approval of medical products, so as to enhance access to lifesaving medical products. To date, 12 countries are domesticating the Model Law in national legislation.

HIV-related services in humanitarian emergencies

28. UNFPA is committed to ensuring that women's reproductive and maternal health needs are not overlooked during humanitarian crises. In 2017, emergency reproductive health kits, containing equipment and supplies to support the reproductive health of populations in crises, were provided to over 50 countries as part of UNFPA support in humanitarian responses. Kits included contraceptives and equipment for family planning service provision (male and female condoms, injectables, pills, intrauterine devices and emergency contraceptives) and are estimated to have prevented over 97,000 unintended pregnancies among women and adolescent girls in perilous conditions.

29. During 2017, UNFPA provided humanitarian assistance to 16 million people in 58 countries. This included gender-based violence (GBV) information and services for 3.9 million people in 51 countries and youth-friendly SRH services for 1.5 million adolescents in 36 countries. Between 2016 and 2017, UNFPA donated 2,950 sexually transmitted infection (STI) kits in over 50 countries, enough to meet the needs of a total population of 29 million for the treatment, management and prevention of STIs.

30. UNFPA continued to train humanitarian responders, including on use of the Minimum Initial Service Package and on GBV coordination, guidelines and information management, including through an e-learning course. The GBV guidelines were provided in English, French and Arabic. Between 2014 and 2017, 45 countries had budgeted humanitarian contingency plans that include SRH, including services for survivors of sexual violence. Seventy-seven percent of countries affected by a humanitarian crisis in 2017 had a functioning inter-agency GBV coordination body as a result of UNFPA guidance and leadership.

Condoms

31. In 2016-2017, UNFPA supplied 1.13 billion male condoms, 22.27 million female condoms and 117.16 million sachets for personal additional lubricants providing triple protection from HIV, STIs and unintended pregnancy. Between 2014 and 2017, 30 countries had functional logistics management information systems for reproductive health commodities and 59 countries implemented comprehensive male and female condom programming (CCP). With UNFPA support in 2016, 54 countries implemented all four steps of the development phase of CCP as recommended by UNFPA. Over the past three years some 200,000 new HIV infections have been averted.

32. A UNFPA-funded study with Avenir Health found that increasing investments in procuring and distributing male condoms provides significant economic returns for countries with scarce resources and is a smart investment. An additional investment of $27.5 billion in male condoms in 81 high-burden countries by 2030 would meet all unmet demands for family planning, as part of a package of contraceptives, and 90 per cent of the condom needs for HIV and STI prevention among high-risk

groups. This could prevent 700 million STIs, 17 million HIV infections and 420 million unintended pregnancies, reinforcing CCP as a key HIV prevention pillar.

Strategic Results Area 2: Elimination of mother-to-child transmission of HIV

33. The scale-up of PMTCT services has been very successful. In 2016, in the Eastern and Southern Africa region, home to 50 per cent of new HIV infections in children aged 0–14 years, 88 per cent of pregnant women received effective antiretrovirals, followed by 75 per cent in Latin America and the Caribbean and 54 per cent in the East Asia and Pacific region. Of concern is the low coverage in West and Central Africa (49 per cent), which is the region with the second highest burden of new HIV infections in children.

34. UNFPA work to increase access to SRH information and services is key to eliminating mother-to-child transmission of HIV (eMTCT).[2] UNFPA strength in midwifery and the delivery of family planning services (prong 2 of eMTCT) to the last mile, including humanitarian settings, means ensuring that a choice of contraceptive options that can be safely used by women at risk of or living with HIV is available at all service delivery points.

35. UNFPA is working with programme countries to develop sustainable human rights-based family planning programmes that meet the needs of all their populations, including marginalized groups. In 2016-2017, UNFPA reached 28.3 million people, averting 26.7 million unintended pregnancies (15 million in Fast-Track countries) and 64,000 maternal deaths (47,102 in Fast-Track countries).

36. In many countries, UNFPA supported good practices in terms of health system strengthening to enable progress towards eMTCT. In Kenya, two national frameworks were prepared on: (a) eMTCT (2016-2021), with associated curriculum development; and (b) linkages between SRH, HIV and sexual and gender-based violence (2018-2022). Peer educators worked with first-time mothers to improve antenatal and postnatal care including contraception, HIV testing and referral for ART and prevention of vertical transmission. In Swaziland, over 34,000 adolescent girls were reached with a prong 1 intervention providing integrated SRH/HIV information, including on safer sex and use of condoms. Contraception for women living with HIV was also scaled up (prong 2). In Nigeria, eMTCT services were improved via capacity-building of midwives for improved reproductive, maternal, newborn and child health interventions. In Togo, eight newly funded non-governmental organizations (NGOs) were supported through a social contracting model to provide HIV testing services for adolescent girls and young women, with contraception provided, including for clients identified as living with HIV.

37. Family Planning 2020, of which UNFPA is a key partner and co-chairs the reference group, enabled more than 309 million women and adolescent girls to use modern contraception by 2017, an increase of 38.8 million since the launch of the partnership in 2012, an important contribution to eMTCT.

Strategic Results Area 3: HIV prevention among young people

38. Research shows most young people have inadequate knowledge of SRH and lack access to youth-friendly services. This increases their vulnerability to HIV and is one of the reasons behind their disproportionally high HIV rates. Of the 1.7 million new infections reported in people aged over 15 years, 36 per cent occurred in the 15–24 age group. Adolescent girls and young women are especially

[2] Eliminating new HIV infections among children and keeping their mothers alive is based on a four-pronged strategy:
Prong 1: Prevention of HIV among women of reproductive age within services related to reproductive health such as antenatal care, postpartum and postnatal care and other health and HIV service delivery points, including working with community structures.
Prong 2: Providing appropriate counselling and support, and contraceptives, to women living with HIV to meet their unmet needs for family planning and spacing of births, and to optimize health outcomes for these women and their children.
Prong 3: For pregnant women living with HIV, ensure HIV testing and counselling and access to the antiretroviral drugs needed to prevent HIV infection from being passed on to their babies during pregnancy, delivery and breastfeeding.
Prong 4: HIV care, treatment and support for women, children living with HIV and their families.

vulnerable. In Eastern and Southern Africa, young women (15–24 years) accounted for 26 per cent of new HIV infections in 2016 despite making up just 10 per cent of the population.

39. UNFPA, in its new Strategic Plan, 2018-2021, prioritized the empowerment of adolescents and youth to attain universal access to SRH. In 2017, over 7.4 million adolescents and youth accessed SRH information and services in UNFPA priority countries. In 2017 in Zimbabwe, a total of 24,096 girls participated in girls only clubs known as Sista2Sista clubs where mentors achieved 518,156 person-exposures to the clubs. Young leaders from the UNFPA Kenya youth advisory panel, the Kenyan chapter of the African Youth and Adolescent Network on Population and Development and the network of young people living with disabilities were able to inform the revision of the National Training Manual on Adolescent Youth-Friendly Services and the development of the National Adolescent Sexual Reproductive Health Costed Policy Implementation Framework. In Haiti, 2,311 adolescent girls in an urban slum in Carrefour and in Anse-a-Pitres, a small town bordering Dominican Republic, benefited from regular life-skills training, SRH information, GBV prevention information. UNFPA supported the development and use of youth-led technology and innovative approaches in sexual and reproductive health and rights, including HIV prevention and comprehensive sexuality education (CSE) such as the "I-Design" tool developed in Thailand to train young people on sexuality, gender and human rights. UNFPA has been a supportive partner of the Global Accelerated Action for the Health of Adolescents ("AA-HA!") to help Governments plan health-care interventions to meet the needs of adolescents.

40. Led by the United Nations Educational, Scientific and Cultural Organization (UNESCO), in partnership with UNFPA, UNAIDS, WHO, UN-Women and UNICEF and with inputs from UNDP, the United Nations Revised International Technical Guidance on Sexuality Education was finalized, launched and promoted at regional and global levels. This joint work has also highlighted the need to develop complementary guidance for CSE in out-of-school settings, which UNFPA is leading. In tandem, the preparatory high-level meeting for the 2019 Global CSE Summit was conducted jointly with the Government of Norway, to establish a network of CSE-friendly Member States. UNFPA supported CSE in all countries in Eastern and Southern Africa and countries across other regions to develop legal and implementation frameworks, curricula, pre- and in-service training, community and parental engagement, data analysis and South-South collaboration to ensure that young people in secondary and tertiary schools have access to CSE and SRH services. Thirty-eight countries reported alignment of national CSE curricula with international standards.

41. In Kenya, UNFPA provided technical and financial support to the Ministry of Education and Sports to integrate sexuality education as one of the key strategic interventions in the new five-year Education Sector Strategic Plan (2017-2022). The plan also highlights sexuality education as one of the key areas of research that the Ministry will invest in during this period. UNFPA provided technical support to the Ministry to review and finalize the School Health Policy, which regulates the delivery of sexuality education in school settings.

42. UNDP, UNICEF and Oxford University worked in partnership with the International AIDS Society's Collaborative Initiative on Paediatric HIV Education and Research on a special supplement of the Journal of the International AIDS Society entitled 'Paediatric and Adolescent HIV and the Sustainable Development Goals: the road ahead to 2030'.This special issue examines paediatric and adolescent HIV interventions and their synergies across the Goals. Areas covered include the effects of combined service provision on HIV-related mortality in adolescents in South Africa, the need for adolescents and young people to be meaningfully engaged as leaders of the HIV response, and the impact of criminalization of drug use and punitive policy environments on adolescents' health and HIV transmission risks.

Strategic Results Area 4: HIV prevention with and for key populations

43. UNAIDS 2017 data show that key populations – gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners – and their sexual partners, accounted for 80 per cent of new HIV infections outside sub-Saharan Africa. Even within sub-Saharan Africa, key populations and their sexual partners accounted for 25 per cent of new HIV infections. UNDP and UNFPA coordinated the Joint Programme's efforts focused on guidance development and

implementation, enabling legal and policy environments, scaling-up of services for key populations and community empowerment.

44. The Joint Programme increased programming with sex workers and men who have sex with men (MSM), based on the roll-out of the sex worker implementation tool (SWIT) and the men who have sex with men implementation tool (MSMIT) in Eastern and Southern Africa, West and Central Africa, Eastern Europe and Central Asia and Latin America and the Caribbean. Following trainings in Eastern and Southern Africa in 2016, UNFPA developed regional guides for utilizing the MSMIT and SWIT. The tool for working with transgender people (TRANSIT) was published by UNDP, in partnership with the University of California San Francisco Centre of Excellence for Transgender Health, UNAIDS, UNFPA, WHO, Johns Hopkins Bloomberg School of Public Health, the United States Agency for International Development (USAID) and PEPFAR. UNFPA supported its translation into Spanish and distribution across 13 Latin American countries. Regional training sessions for transgender-led civil society organizations (CSOs) and allied service providers were held in eight countries in Latin America, six countries in Southern Africa and in India.

45. UNDP, in partnership with UNFPA, the United Nations Office on Drugs and Crime (UNODC) and the UNAIDS secretariat, supported 22 countries to undertake assessments of legal and policy environments for key populations, which resulted in the development of rights-based and key-population oriented action plans in eight countries.

46. As a Global Fund principal recipient, UNDP has supported the integration of services targeting key populations in 17 countries and in four regional grants, covering another 34 countries.

47. UNFPA supported 15 countries in Eastern and Southern Africa to include programmes for sex workers and other key populations in Global Fund proposals. Comprehensive and rights-based SRH/HIV services were provided for sex workers and MSM populations including in Botswana, Kenya, Lesotho, Malawi, Namibia, Rwanda, South Africa, Uganda, Zambia and Zimbabwe. Services were also provided for transgender people and people who inject drugs in many of these countries, complemented by peer-led community outreach to key population communities. The Southern Africa Development Community (SADC) was supported to draft a key population strategy, with sensitization training for SADC members planned in 2018. In the Asia-Pacific region, UNFPA supported key population programming in Bangladesh, China, Indonesia, Myanmar, Nepal and Pakistan, strengthening delivery of integrated SRH and HIV prevention services, predominantly with and for sex workers and MSM. Multi-country small island State programmes in the Pacific and the Caribbean supported key population networks and built capacity for community-led HIV prevention programming.

48. In 2017, UNFPA and UNICEF supported initiatives to increase access of vulnerable adolescents to high-impact, evidence-based biomedical, behavioural and structural interventions, including: peer-support groups and other community programmes in Ethiopia and Lesotho; crowdsourcing demand for services through information and communications technology and innovation in Mozambique; safe spaces for vulnerable adolescents and key youth populations to voice concerns and engage in programming in Kenya; and facilitating increased access to SRH services and making referrals for HIV testing and counselling in Malawi.

49. Through the "Being LGBTI"[3] regional initiatives, UNDP, USAID, the Swedish International Development Cooperation Agency, Office of the United Nations High Commissioner for Human Rights (OHCHR), UNESCO, International Labour Organization, the Asia-Pacific Forum of Human Rights Institutions and other partners have supported 53 countries to promote and protect the rights of MSM and transgender people by ensuring that regional and national policies and programmes are inclusive and address their needs, including to access HIV services by supporting regional and national dialogues, bringing together government and civil society, and fostering inclusive law and policy reform and dissemination of good practices.

[3] Lesbian, gay, bisexual, transgender or intersex.

50. The Joint Programme invested in supporting community-led initiatives such as support by UNFPA, UNDP, UNODC and the UNAIDS secretariat for the Global Network of Sex Work Projects, the MSM Global Forum and its Global Advocacy Platform; the Steering Committee on HIV and Sex Work; the Strategic Advisory Group on HIV and People who Inject Drugs; the Eurasian Coalition on Male Health ; the Asia-Pacific Coalition on Male Health; African Men for Sexual Health and Rights; the African Sex Worker Alliance; the Eastern Europe and Central Asia Sex Workers Rights Advocacy Network; Latin American and Caribbean Network of Transgender People (REDLACTRANS); YouthLEAD; Youth Voices Count; Eastern Europe and Central Asia Regional HIV/AIDS Legal Network; the Middle East Network for Legal Aid; the Equal Rights Association for Eastern Europe; and many others.

51. UNDP has supported the Secretary-General's initiative to strengthen system-wide actions to support implementation of the recommendations of the 2016 Special Session of the General Assembly on the World Drug Problem on health, human rights and sustainable development. As part of these efforts, UNDP, in consultation with OHCHR, UNODC and other United Nations entities, is partnering with the International Centre for Human Rights and Drug Policy at the University of Essex to develop international guidelines on human rights and drug control.

52. In support of the Prevention 2020 Road Map, UNAIDS cosponsors continue to partner on focused, global, regional and country interventions to make tailored prevention services accessible to key populations by engaging these populations as well as Governments, civil society and other relevant stakeholders. This includes supporting countries to introduce the necessary policy and legal changes to create an enabling environment for prevention programmes and engaging key populations in the delivery of HIV services through the roll-out of key population HIV implementation tools. Complementing these efforts, UNFPA, WHO and partners are progressing strategies to strengthen integrated SRH/HIV service delivery, including for key populations, with a focus on reducing discrimination within health-care settings.

Strategic Results Area 5: Gender inequality and gender-based violence

53. While new HIV infections have declined among women over the last 15 years, women and girls remain highly vulnerable to HIV. Persistent gender inequalities and GBV contribute to women's HIV risk and vulnerability, with 45 per cent of adolescent girls in some settings reporting that their first sexual experience was forced.

54. UNDP supported 82 countries to progressively deliver universal access to basic services, which included institutional strengthening focusing on transforming gender and power relations through new policies and laws; developing national action plans on ending violence against women; increasing access to justice programmes for women living with HIV; integrated services for violence survivors; and advocacy and research on legal and policy environments that protect women's human rights, including those living with HIV. UNFPA supported 56 countries to integrate GBV prevention, protection and response into national SRH programmes. Health-care providers were trained on GBV and clinical management of rape – including in humanitarian contexts – in Bangladesh, Haiti, Kenya, Lesotho, Nigeria, Somalia, Swaziland and Uganda. UNFPA also established 10 emergency SRH service delivery points in Ukraine that provide treatment/prevention of STI's among most-at-risk population groups and are supplied with all necessary reproductive kits and trained medical staff for emergency post-rape assistance including links to psychosocial support.

55. To support countries' efforts to integrate gender equality priorities in national HIV strategies and Global Fund Concept Notes, the Joint Programme developed and piloted tools and guidance notes. These included: the guidance note on fast-tracking HIV prevention among adolescent girls and young women produced by the UNAIDS secretariat, UNICEF, UNFPA and WHO; an updated version of the UNDP-Global Fund capacity development toolkit, with a section on critical enablers of gender equality and human rights; the WHO consolidated guideline on the sexual and reproductive health rights (SRHR) of women living with HIV, developed in consultation with women living with HIV, UNFPA, OHCHR and the UNADS secretariat; and the UNFPA position paper and online tool on engaging men and boys for gender equality and SRHR.

56. UNDP, UNFPA, UN-Women and the World Bank helped countries to integrate gender equality into national HIV strategies, operational plans, monitoring and evaluation frameworks and budgets. As a result, HIV responses in 11 countries (Cameroon, China, Kazakhstan, Morocco, Sierra Leone, South Africa, Tajikistan, Tunisia, Uganda, Ukraine and Zimbabwe) included gender equality and women's rights issues. UNDP supported 11 countries to integrate HIV, health and gender into environmental impact assessments.

57. During the seventy-second session of the General Assembly, the United Nations and European Union launched the Spotlight Initiative to eliminate all forms of violence against women and girls, with an initial contribution of 500 million euros. UN-Women, UNDP and UNFPA are providing technical support to countries to support programming. In Africa, the joint initiative focuses on eliminating sexual and gender-based violence and harmful practices that limit the ability of women, particularly young women, to prevent HIV.

58. UNDP, UNFPA, UN-Women and WHO supported the design and implementation of national action plans on ending violence against women in Argentina, Paraguay, Peru and Viet Nam. The support of UNFPA and UN-Women in Viet Nam led to a national thematic project on GBV prevention and response for the period 2016–2020, which includes measures to prevent and address sexual violence and implement integrated GBV/HIV services. UNDP supported Zambia to improve access to justice for violence survivors through fast-track courts in 6 of 10 provinces. These efforts resulted in a decrease in the duration of the case review period from two years in 2012 to 30 days in 2017 and an increase in the number of reported cases. In South Sudan, UNDP supported training for 341 police officers, prosecutors, social workers, judges and community leaders on investigating and responses to sexual and gender-based violence.

59. In 2016 and 2017, UNDP and UNFPA contributed to evidence and action on GBV and HIV. For example, in the Arab States, as part of a joint programme, UNDP, UNFPA and UN-Women, with support from the United Nations Economic and Social Commission for Western Asia, conducted an assessment of violence against women and the law. The assessment covered criminal law, family law and labour law in 20 Arab countries to determine if they are in line with international standards and are working in practice. In partnership with the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project and the University of the West Indies, UNDP completed a regional study on GBV, key populations and HIV in Barbados, El Salvador, Haiti and Trinidad and Tobago. Findings show that laws and policies that discriminate continue to legitimize a social environment that fuels violence directed at key populations.

60. UNFPA, UNDP, UNICEF, UN-Women and UNAIDS supported efforts to implement laws to end child marriage in Africa. UNDP and UNFPA assisted the SADC Parliamentary Forum in finalizing the Model Child Marriage Prevention Act. UNFPA, UNICEF and Girls Not Brides supported Burkina Faso, Mozambique, Uganda and Zambia to develop national action plans to end child marriage. UNFPA empowered more than 65,000 girls and 285,000 community members, increasing their knowledge and access to SRH services to prevent child marriage.

Strategic Results Area 6: Human rights, stigma and discrimination

61. Removing punitive laws, policies and practices that hinder HIV responses is critical to fulfilling the 2030 Agenda for Sustainable Development, the Political Declarations on HIV/AIDS and the UNAIDS 2016–2021 Strategy. The report of the Global Commission on HIV and the Law continues to provide an important framework for ongoing efforts to promote rights-based HIV responses. To mark the fifth anniversary of the Commission's report, UNDP organized a global expert consultation to review progress and challenges in the implementation of the Commission's recommendations in the context of the 2030 Agenda.

62. With support from UNDP, UNFPA and other partners, 18 countries in sub-Saharan Africa reported results related to strengthening legal and policy environments for SRH, HIV and tuberculosis (Angola, Burkina Faso, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Ghana, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Sierra Leone, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe).

63. Building on a collaboration with UNAIDS and the United Nations Economic and Social Commission for Asia and the Pacific that has supported almost 30 countries to address legal and policy barriers that hinder effective responses to HIV, UNDP provided support to review and draft HIV-related laws and policies in Bhutan, Lao People's Democratic Republic, Pakistan, Thailand and Viet Nam; to the adoption of the HIV law in India; and to parliamentary processes in the Cook Islands, Nepal and Palau.

64. In 2016–2017, UNDP and UNAIDS secretariat contributed to the Global Fund's initiative on scaling up human rights programmes in 20 countries. UNDP has provided policy and programme support to countries, including Democratic Republic of the Congo, Kenya, Kyrgyzstan, Malawi, Mozambique, Namibia, Senegal and Zimbabwe, to develop funding requests to the Global Fund, with a focus on defining and costing interventions to address human rights and gender-related barriers.

65. As part of its partnership with the Global Fund in Africa, UNDP is working with leading African CSOs such as AIDS Rights Alliance for Southern Africa, the Kenya Legal and Ethical Issues Network on HIV and AIDS, ENDA Santé and Southern African Litigation Centre to support countries in removing legal and human rights barriers to accessing HIV and tuberculosis services in 10 African countries.

66. As part of its partnership with the Global Fund in South Asia, UNDP, with the Asia Pacific Forum of National Human Rights Institutions and 17 national human rights commissions, including five from South Asia (Afghanistan, Bangladesh, India, Nepal and Sri Lanka), developed an action plan to promote and protect human rights in the context of sexual orientation and gender identity. Human rights institutions in Bangladesh and Nepal established dedicated positions to address violations against at-risk populations, a first for the region.

67. In 2016, UNDP, with the International Development Law Organization, supported the engagement of CSOs to provide legal aid for people living with HIV and key populations in the Arab States. This led to the establishment of the Middle East Network for Legal Aid to support civil society's provision of legal aid and rights-based advocacy.

68. UNDP worked closely with the Stop TB Partnership to develop and roll out joint guidance on legal environment assessments for tuberculosis, which ensures compatibility with the HIV legal environment assessment operational guide and enables joint assessments of laws and policies concerning HIV and tuberculosis.

69. In 2017, in support of the implementation of the action plan of the Agenda for Zero Discrimination in Health-Care Settings, 12 United Nations entities issued a joint United Nations statement on ending discrimination in health care settings, committing to working together to support Member States in taking coordinated multisectoral action to eliminate discrimination in health-care settings. Together with USAID, UNAIDS and other partners, UNDP convened the Asia Regional Consultation on Addressing HIV-related Stigma and Discrimination in Health-care Settings in May 2017 at which 120 government, civil society and health sector representatives developed 12 country action plans to address stigma and discrimination in health-care settings.

70. UNFPA supported delivery of rights-based, people-centred SRH services in many countries, including Bangladesh, Egypt, Indonesia, Kenya, Myanmar, Nepal, Pakistan, the Philippines, South Sudan, Zambia and Zimbabwe, ensuring non-discrimination against sex workers and other key populations.

71. Strengthening research on global and country-level accountability mechanisms for SRHR, UNFPA supported documentation of case studies on countries supporting national human rights institutions), review of SRHR issues and a global analysis of how SRHR issues were reflected and taken action on in the second cycle of the universal periodic review and also helped to position SRHR strategically in intergovernmental negotiations including at the Human Rights Council. Ninety-six per cent of the global and regional development agendas developed during 2017 addressed SRHR, reproductive rights, gender equality, the needs of adolescents and youth and population dynamics.

Strategic Results Area 7: Investment and efficiency

72. Sustainable financing and investment remains a major challenge. UNAIDS estimates that the Fast-Track AIDS response will cost an estimated $31.1 billion in 2020 and $29.3 billion in 2030. Meanwhile, investments needed to implement the 2030 Agenda in full are projected to be $3.5 trillion to $5 trillion dollars per year. While more integrated approaches and increased innovative financing are necessary, addressing allocative and technical inefficiencies in existing resources and assets will also enhance the sustainability of the response, especially in a context of reduced international funding.

73. A key challenge for sustainability is the inclusion of HIV within the universal health coverage framework. WHO, the World Bank, and UNDP have been providing technical assistance and funding to help countries define a sustainable path to universal health coverage. UNDP supported seven Governments in sub-Saharan Africa on cross-sectoral financing for HIV, health and universal health coverage. This resulted, for example, in South Africa including a co-financing component on HIV, tuberculosis and STIs in its National Strategic Plan 2017–2022.

74. UNDP, the World Bank and UNAIDS continued to support investment cases and optimal allocation of resources that prioritize high-impact locations, populations, and programmes. UNDP support to the development of sustainable financing approaches for HIV and health extended to 10 countries in Eastern Europe and Central Asia. UNDP supported Governments and civil society to develop road maps for social contracting which facilitated the implementation of HIV service delivery by civil society.

75. In its efforts to promote sustainable financing for national HIV responses with specific focus on access of key populations to services, UNDP partnered with Open Society Foundations and the Global Fund to convene a global consultation on social contracting. Nine social contracting models were analysed and guidance on social contracting was developed with the aim of supporting countries to improve the sustainability of HIV responses, including service provision to key populations. Social contracting is increasingly important in middle-income country contexts where international assistance is declining.

Strategic Results Area 8: HIV and health service integration

76. Through joint and individual activities, the Joint Programme worked to ensure that people living with, at risk of and affected by HIV have access to integrated services, including for HIV, tuberculosis, SRH, harm reduction and food and nutrition support. The Joint Programme also works with partners to integrate HIV in other programmes, including humanitarian responses, education, decent work and human rights.

77. UNFPA supported the training of about 1,500 health-care workers to strengthen the integration of SRH/HIV/GBV services and expand the number of facilities providing them in Botswana, Lesotho, Malawi, Namibia, Swaziland, South Africa and Zambia. New and draft national policies, strategies, frameworks, assessments and analyses were included in the integration process in Botswana, China, Colombia, Kenya, Kyrgyzstan (for key populations), Malawi and Zambia. Support to NGOs in Swaziland helped to reach almost 38,000 adolescents and youth with integrated information and services, and in Kenya, peer educators reached 1,086 first-time young mothers aged 10–24 years, 32 of whom were found to be living with HIV and referred to treatment. Varying delivery models in Bangladesh (drop-in centres), Republic of Moldova (positive initiative), Tajikistan (trust point), Ukraine (outreach and referral) and Mexico (pre-exposure prophylaxis) have increased access for key populations. UNFPA and UNAIDS have supported Kenya, South Africa, Swaziland and Uganda to undertake a situational analysis on SRH/HIV/GBV integration and continue to support Prevention Coalition countries in implementing the Prevention 2020 Road Map, including establishing national prevention targets.

78. Through a project funded by the Swedish International Development Cooperation Agency to strengthen the provision of integrated SRH/HIV and sexual and gender-based violence services in 10 countries in Eastern and Southern Africa, UNFPA and UNAIDS have documented and shared information on good practice and achieved several milestones. For example, UNFPA, WHO and the

International Planned Parenthood Federation produced infographic country snapshots of SRH and HIV linkages for 25 countries, providing an overview of national-level data for more than 150 indicators. The SRHR and HIV Linkages Index, a 30-indicator dashboard for integration to track progress, support advocacy, extend knowledge of the drivers and effects of linkages and highlight data gaps across 60 countries, continues to be promoted.

79. UNDP, under the umbrella of the United Nations Sustainable Development Group, is supporting countries to achieve the Sustainable Development Goals using the mainstreaming, acceleration and policy support (MAPS) approach. In 2016–2017, the HIV team supported 27 MAPs engagements by providing an analysis of the HIV and health situation in-country and identifying strategic opportunities to integrate these issues in the road maps developed to support countries in implementing the 2030 Agenda. Up to 23 additional missions are planned for 2018.

80. UNDP, together with partners, continued to support countries in building resilient and sustainable systems for health. These include: building the capacity of health workers; strengthening government capacities to deliver services; removing human rights- and gender-related barriers to HIV services; acting on co-morbidities; and strengthening preparedness for health emergencies. For instance, UNDP supported the Zimbabwe Ministry of Health to roll out the Ministry of Finance Public Financial Management System in the health sector, resulting in real-time budgeting, electronic payment in all 59 districts and an accounting system at a central, provincial and district level for Global Fund grants. UNDP has developed a strategy on capacity development for resilient and sustainable systems for health which accompanies the existing online capacity development toolkit.

IV. Conclusion

81. The 2030 Agenda requires enhanced United Nations collaboration as outlined in the Secretary-General's December 2017 report on the repositioning of the United Nations development system and General Assembly resolution 72/279 of 31 May 2018 on the repositioning of the United Nations development system (UNDS) in the context of the quadrennial comprehensive policy review of operational activities for development of the United Nations system. The revised UNAIDS operational model is a step towards stronger partnership and providing stronger, more integrated support to countries to achieve the Sustainable Development Goal target on AIDS and contribute to the 2030 Agenda more broadly.

82. In response to requests from Member States, the strategic plans of UNDP, UNFPA, UNICEF and UN-Women include a common chapter aiming for increased collaboration in several areas of vital importance for the HIV response, in particular eradicating poverty, improving adolescent and maternal health, achieving gender equality and the empowerment of women and girls, and ensuring greater availability and use of disaggregated data for sustainable development.

83. In line with the Secretary-General's 2018 report to the General Assembly on HIV/AIDS, ending AIDS as a public health threat by 2030 will require concerted efforts, investments and partnerships to: (a) increase access to, and uptake of, HIV testing services; (b) accelerate efforts to end tuberculosis and other co-infections and co-morbidities; (c) implement the Prevention 2020 Road Map to accelerate reductions in new HIV infections; (d) sharpen the focus on human rights, gender equality and key populations; and (e) leverage the experiences of the Joint Programme for impact and contributing to United Nations reform efforts.

84. UNDP and UNFPA, as founding cosponsors of UNAIDS, will continue to support countries in effective, efficient and rights-based responses towards meeting national HIV targets in the context of the 2030 Agenda and the pledge to leave no one behind.

Annex. Revised UNAIDS division of labour

JOINT UN PROGRAMME ON HIV/AIDS (UNAIDS) DIVISION OF LABOUR*
Sustainable Development Goals
90–90–90
90–90–90 treatment target by 2020
HIV services in humanitarian emergencies
UNHCR / WFP
UNICEF, UNFPA, WHO
HIV testing and treatment
Innovative testing strategies
Access to treatment cascade
High-burden cities fast-track HIV services
Medicines and commodities
WHO
UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO
eMTCT and keeping mothers, children and adolescents alive and well
Access to quality comprehensive eMTCT services
Systems and services to meet 90–90–90 targets for mothers, children and adolescents
UNICEF / WHO
WFP, UNFPA, UNAIDS
Eliminate new HIV infections among children
HIV and Universal Health Coverage, TB/HIV, other comorbidities, and nutrition
WHO / World Bank
UNICEF, WFP, UNDP, UNFPA
At least 30% of all service delivery is community-led by 2020 Taking HIV out of isolation through people-centred systems
Decentralization and integration of SRHR and HIV services
UNFPA / UNDP
UNICEF, WFP, UNDP, World Bank
HIV-sensitive social protection
WFP / ILO
UNHCR, UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank
75% of people living with and affected by HIV benefit from social protection
HIV prevention among young people
Combination prevention
Youth health and educational needs
UNICEF / UNFPA / UNESCO
All other Cosponsors
90% of young people have the skills, knowledge and capacity to protect themselves and others from HIV
Leadership, advocacy and communication
Partnerships, mobilization and innovation
Strategic information
Secretariat
All Cosponsors
Coordination, convening and country implementation support
Governance and mutual accountability
HIV investment increase to USD 26 billion by 2020, quarter for prevention, 6% for social enablers
Investment and efficiency
UNDP, World Bank
UNICEF, WFP, UNFPA, WHO
Human rights, stigma and discrimination
Legal and policy reform
Access to justice and rights
HIV healthcare discrimination eliminated
Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services
UNDP
UNHCR, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO
Gender inequality and gender-based violence
Strategic actions for gender equality and women and girls
Eliminate gender-based violence
90% of women and girls live like free from gender inequalities and gender-based violence
UN Women
All other Cosponsors
HIV prevention among key populations
Men who have sex with men, migrants, sex workers, transgender people
Harm reduction for people who use drugs and HIV in prisons
Access to combination prevention (at least 90% among key populations)
UNFPA / UNDP
UNICEF, UNODC, ILO, UNESCO, WHO, World Bank
UNODC
UNICEF, UNDP, WHO
Legend
Organizations
Organization
Agency convenors
Agency partners
*Updated in 2018. This diagram cannot capture the full complexity and richness of interactions and interdependencies between areas and organizations.